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Chemist & Druggist

November 24 1973

THE NEWSWEEKLY FOR PHARMACY

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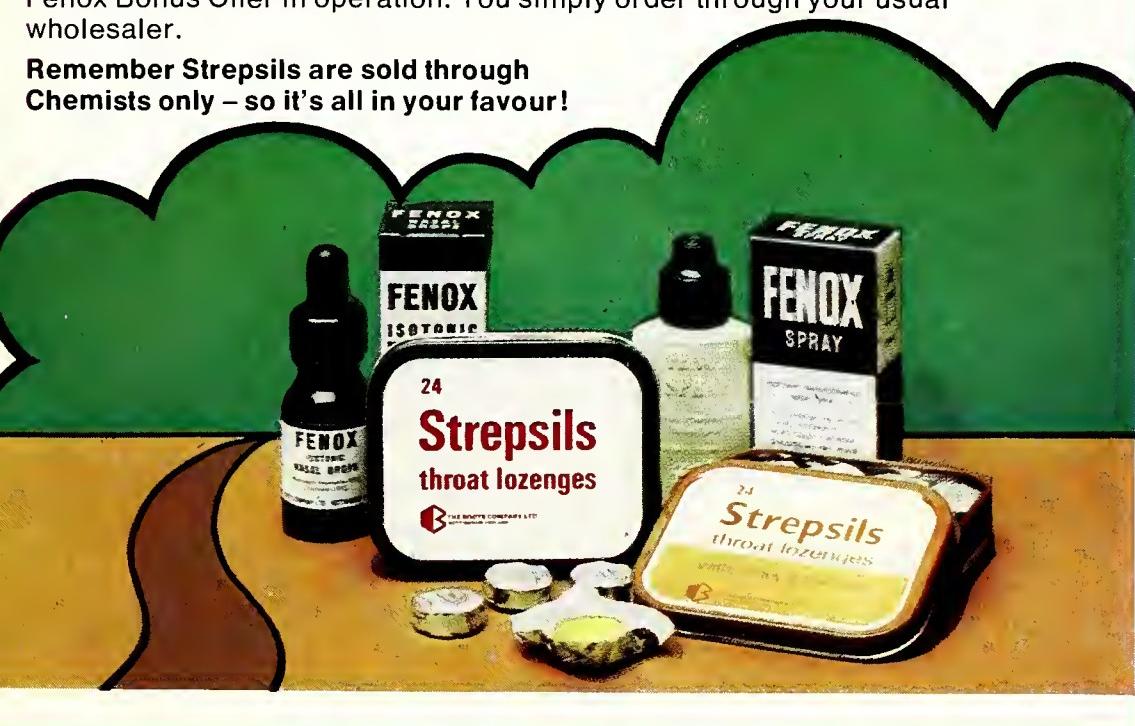


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Pharmacy in the USSR

Digoxin bioavailability reviewed

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24 November Vol. 200 No. 4888

The newsweekly for pharmacy
115th year of publication

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Official organ of the Pharmaceutical Society of Ireland and of the Pharmaceutical Society of Northern Ireland

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Mr W. A. Beanland thinks Britain has twice the number of pharmacies it can support (see p 727)

Subscription Department: Lyon Tower, 125 High Street, Colliers Wood, London SW19. Telephone, 01-542 8575. **Subscription:** Home and Overseas £10 per annum 30p per copy (including postage)

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Comment

Well said

Last Friday, for the second time in a few weeks, a Privy Council nominee to the Pharmaceutical Society's Council had an opportunity to speak "in public" on a matter affecting the pharmacist and his profession. This time it was Professor Paul Turner, professor of clinical pharmacology at St Bartholomew's Hospital, who faced questions on the subject of "Hypochondria—is it a hobby or an illness?" in the BBC Radio 4 programme "Friday call".

And what a different report can be made from that on Mr Sam Howard's performance before the Royal Society of Health's pharmaceutical group. (*C&D* October 13, p518). No talk of the pharmacist's financial motivation in his dealings with medicines sales—instead strong support for the profession's potential in relation to advising the public.

Because of the radio programme's timing, most pharmacists will have been unable to hear what Professor Turner had to say, and it may therefore be relevant to record some of his remarks. Right at the start he faced a question from a listener who detected an increase in medicines "advertising" in pharmacies and feared that someone entering the premises for something else might be persuaded to buy. Professor Turner replied that it should be remembered that in a chemist's the person in charge was a pharmacist "whose job it is to understand what is in the preparations being sold".

He went on: "The pharmacist is specially qualified to be able to advise on what drugs to use in certain situations and I always like to think that in many cases the pharmacist's should be one's first port of call instead of going and registering to see a doctor and spending perhaps some hours in his waiting room."

The questioner, prompted by chairman Derek Cooper, thought that the pharmacist might be taking the place of the general practitioner—"unintentionally of course". He had seen from television programmes that drugs which might do a great deal of harm could still be purchased. Again Professor Turner rose to the occasion, stating: "We are very unhappy when these drugs are on sale in supermarkets . . . but we feel

that so long as these potent drugs are available only in pharmacists' shops and under the supervision of a qualified pharmacist then the chances of their doing harm is considerably reduced . . ."

A doctor's wife also rang in to stress that it is desirable for people to treat themselves for minor conditions—and they are not thereby in danger of becoming hypochondriacs. After listing a number of these conditions, Professor Turner further emphasised that the pharmacist was well qualified to deal with symptomatic treatment of this kind. He later advised a mother who was concerned about a clinic's suggestion that she give her baby Disprin for teething, to "discuss it with the chemist or with your own doctor". (In the conversation, the mother indicated that she would have accepted advice to give aspirin, but not to give Disprin! The power of advertising?)

If all this was not enough, Professor Turner managed to get in plugs about the dangers of long-term self-medication without seeking professional advice, and about the need to return unused medicines to the pharmacist or to throw them away.

When Mr Howard's views were criticised in this column, his right to speak his mind was defended by some people. But we have never challenged that right. Our concern was, and is, that a man who is privileged to sit in on pharmacy's most secret counsels should hold the view that the profession may be motivated by commercial considerations rather than the customer's interest—and that he should have felt the need to express that view publicly.

Professor Turner has redressed the balance, however. He has looked at the same question, ie whether the retail pharmacist can be relied upon to put the patient before the cash register, and he has looked at it with the benefit of the same "inside" knowledge. His conclusion could not have been more clear, nor could it have been expressed more effectively.

We cannot help but think that when Professor Turner contributes to Council's deliberations it is with sympathy and that his criticisms are constructive. The profession is greatly in his debt.

Books

Pharmacy Management Manual

A. G. Mervyn Madge, FPS, FIPharm M, technical editor. Co-operative Union Ltd, Publications Sales Section, Holyoake House, Hanover Street, Manchester M60 0AS. 9½ x 7in. Pp 87. £2·60 including postage.

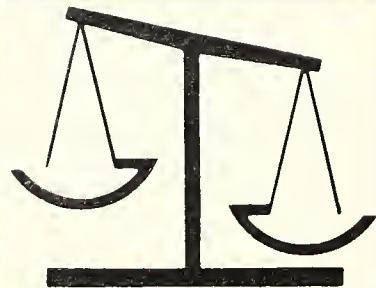
The need for an up-to-date and reasonably comprehensive manual on pharmacy man-

agement must have been felt for a considerable time especially by employers of newly qualified staff and particularly by the staff themselves. Nothing of the sort having been published for years, the Co-operative Union decided to commission one themselves. The result is a useful and readable manual. Specialists have contributed chapters on all the main spheres of activity the manager is likely to meet. The contents include market research and statistics, buying and stock control, personal selling, staff recruitment and training, legal aspects, financial accounting, departmental accounts, sources of information and the Co-operative movement. Another chapter is devoted to six pharmacy case studies and the suggested answers.

Index Nominum 1973/74

Laboratory of the Swiss Pharmaceutical Society, Zurich, Switzerland. Swiss Pharmaceutical Society, Berne, Switzerland. 6in x 8½in. Pp XXVI + 1295. 130 Swiss francs.

The Index Nominum is an alphabetical list of generic and trade names of internationally available drug products containing one active substance. Information is given on international non proprietary names and other generic names, trade names and manufacturers, chemical names and structures, list of pharmaceutical monographs on each drug, and main therapeutic uses. The present edition includes 3,300 substances, with more than 18,000 references.



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Elnett Hair Spray	130 g.	48½p	36p
Elnett Hair Spray	360 g.	93p	70p
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Kotex New Freedom Towels	24	34p	29½p
Macleans Indigestion Tablets	standard	15p R.P.M.	15p
Macleans Indigestion Tablets	large	25p	25p
Nutriplan Slimmers Soup	3	39p	33p
Nutriplan Slimmers Soup	7	79p	69p
Owbridges Cough Syrup	small	18½p R.P.M.	18½p
Owbridges Cough Syrup	large	27½p	27½p
Pin-Up Perm end		37p	26½p
Pin-Up Perm full		57p	41p
Ultra-Brite Toothpaste	large	22p	17p
Ultra-Brite Toothpaste	family	36p	27½p
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'US' Dry Powder	210 g.	55p	39p

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Pharmacy numbers should be halved says Council member

A call for the halving of the numbers of pharmacies was made by Mr W. A. Beanland, a member of the Pharmaceutical Society's Council, at the Sherwood Region Conference on Sunday.

There were far too many pharmacies chasing too little pharmaceutical business, said Mr Beanland. "For a long term objective let's aim at reducing the numbers of pharmacies by at least half and ensuring that in every pharmacy there are at least two pharmacists", Mr Beanland stated. The pharmacists' expertise was required in the dispensary and on the counter, but if one or both were left to unqualified staff we would be "heading for a situation already happening in Sweden". There pharmacists "have been designated as a too expensive luxury". A new class had been created—the prescriptionists—who could own pharmacies and dispense prescriptions without any pharmacist being present. "It could happen here—it will happen here if we go on as we are doing."

On the NHS reorganisation, Mr Beanland quoted the chairman of the Chiltern Regional conference as saying that there was no question of the community health service swallowing up the hospital service or vice versa. "Where on earth has he been for the past twelve months?" he asked. It was obvious that in the "doctor dominated" reorganised service, the hospital pharmacy service was "primed and prepared" to swallow up the community pharmacy service.

(For full report of the conference, including Mr Beanland's remarks on the general sale lists, see p 730).

Care recruitment: on target

Three weeks after the launch the Care Chemist Group by the National Pharmaceutical Union, recruitment is reported to be "bang on target".

Mr A. Trotman, managing director, Independent Chemists Marketing Ltd, says that at the present rate of take-up the scheme will have attracted more than the estimated 3,000 chemists by the launch of the first national programme in January. "It is a most encouraging start".

Mr Trotman also reports a 70 per cent recruitment success within days of each area meeting.

Pharmacists' involvement in reaction reporting

Pharmacists should be more involved in reporting adverse reactions to the Medicines Commission, according to Mr J. P. Kerr, a member of the Society's Council.

Speaking at a meeting of the West Metropolitan branch of the Pharmaceutical Society last week, Mr Kerr said that phar-

macists, alerted to reaction dangers, would report many more side effects than doctors would. Pharmacists were not setting out to be clinicians, but should dispense critically with all the available information in front of them. He called for pharmacists to be sent all the Commission's warning cards, not just those they thought applied to pharmacy.

To do that however, pharmacists would have to alter their outlook. It was not easy at present as pharmacists were dispensing as fast as they could. Perhaps the method of payment precluded the job being done the way it should. Mr Kerr said he would "rebel against any society which does not use its resources fully."

Medicines Act exemptions under emergency powers?

Power to grant special exemptions to parts of the Medicines Act are included in the Government's emergency powers published last week.

Gaps in the supply of widely-used drugs and packaging materials might arise in a power crisis, and the regulations could be used to make quick arrangement to import such commodities. Although required by the Medicines Act, there would be no time to issue a data sheet for a drug imported because of short supply of an identical drug in the UK, and the licencing requirements for such imported drugs could be relaxed.

The Emergency Regulations 1973 (HM Stationery Office, £0.16) say that restrictions and prohibitions under the provisions of Parts II, III and V of the Medicines Act 1968—ie the sections dealing with licences and certificates; dealings in medicinal pro-

Members of the Leeds Branch of the National Pharmaceutical Union recently visited the Cleckheaton Factory of Approved Prescription Services Ltd. Whilst there, they were shown a newly installed labelling machine the Exodus Lorraine, which is manufactured by European Machine Systems—specially built to

apply three-panel labels onto a range of rectangular tablet bottles or wrap-around labels to cylindrical containers. Grouped around the machine are Mr L. Ryecroft, branch chairman, Mr W. Hemingway, sales director of APS, Mr M. Gordon, Mr L. Calvert, Mr K. Rutter and Mr W. Howarth.

ducts; and containers, packages and identification of medicinal products — shall not apply to a person acting under any general or specific authority granted by or on behalf of the Secretary of State, Department of Health or the Minister of Agriculture. Nothing in any regulations having effect under the Medicines Act 1971 shall require the payment of a fee on an application made under any general or special authority. Any such authority could only state a specific exemption instead of conferring exemptions from all the restrictions and prohibitions under the three parts of the Act.

The Electricity (Advertising, Display, etc) (Restriction) Order 1973 (HM Stationery Office, 3p) prohibits the use of electricity supplied by an Electricity Board for advertising or display. However, illuminated signs indicating that the premises are a pharmacy are not prohibited. A pharmacy is also exempt from the ban on electrical space heating under the Electricity (Heating) (Restriction) Order 1973 (HM Stationery Office, 3p).

Hose industry to go metric

Total metrication of the UK hose manufacturing industry will take place by January 1 1975, says the British Rubber Manufacturers' Association.

The industry intends that all hose will be priced by metre by August 1, 1974. Metrication will involve changes in manufacturing and shipping lengths and a further statement will be made early in 1974. Customers of the UK hose manufacturing industry will be able to discuss any major difficulties with the BRMA hose group metrication working party.

Shortage of BP specimens

The British Pharmacopoeia Commission are suspending supply of BP authentic specimens and British chemical reference substances to countries outside the UK. Stocks have become depleted following an increase in world-wide demand for the materials. Special arrangements may be made for national authorities concerned with standards for medicinal products, details from the scientific director, BP Commission, 8 Bulstrode Street, London W1.



JIC — unions give their side of the story

As *C&D* reported last week (Comment p. 687) the JIC scales for retail pharmacy no longer exist so far as the trade union side is concerned, and the employers' side is still awaiting a new approach from the unions.

The union side has, however, set out in more detail its reply to the employers' statement and this is given in full below. Mr W. A. G. Kneale, the employers' side secretary, told *C&D* on Tuesday that they had not wished to get into any "confrontation" situation with the unions and they regarded the negotiations as "open".

The next move certainly seems up to the union side, and it remains to be seen whether they will put forward new proposals in line with phase three of the incomes policy.

The union side reading of the situation is as follows:—

"The employers' side statement relating to the retail pharmacy JIC negotiations neglects to instance where the practical difficulties arose. The employees' side had considerably modified their claim in respect of each of the categories, and in a serious attempt to reach a settlement had indicated their willingness to accept rates then recently agreed in another sector of retail pharmacy.

"It was made very clear that the employees' side could not possibly accept any lower amounts in their having already

significantly reduced their original claim. Despite this, the employers' side were only prepared to offer £13.80 for the shop assistant grade with the indication that any further adjustment 'could only be marginal'. The employees' side minimum proposal sought a modest rate of £15.35.

"The employees' side felt it necessary to review this whole situation, and in a letter to the employers' side dated January 5, 1973, they indicated that they could not be party to so low a rate for shop assistants as that offered by the employers' side, whilst the proposal covering qualified staff and dispensing assistants could no longer be considered appropriate. There was the further point that the claim for four weeks' annual holiday in respect of qualified managers/manageresses had been rejected, the offer of the employers' side being restricted to three weeks' annual holiday after one year's service.

"In the circumstances, the employees' side felt that they had no alternative but to give the requisite notice to terminate the JIC agreement.

"The employees' side's position can be clearly and simply stated. They are very willing to be party to a national agreement which provides adequate standards of remuneration and conditions of employment. Equally, they cannot subscribe to rates which are demonstrably inadequate and which lend themselves to the kind of criticism so often levelled against the JIC rates in the past."

Guild's future: paper to explain implications

Members of the Guild of Hospital Pharmacists are to receive a paper explaining the implications of affiliation with the Association of Scientific, Technical and Managerial Staffs or continuing as a separate organisation.

At the November Council meeting of the Guild, it was expected that a draft of the paper would be available for the December meeting of the Guild's Executive. The final paper is to be circulated to members as soon as possible. Final agreement was also reached on the constitution of the proposed Society Hospital group.

A claim for an allowance for district pharmaceutical officers had been submitted to a meeting of the Pharmaceutical Whitby Council. A claim for regional and area pharmaceutical officers' salaries had also been discussed. The staff side objected to the suggested appointment of area pharmaceutical officers in Wales at the same salaries as Noel Hall area pharmacists.

Further representations are to be made to the Oxford Regional Board on its continued delay in implementing the Noel Hall plan.



Princess style!

Reckitt & Colman Toiletries Division, Sunnydale, Derby, makers of the Super-soft hair range, asked leading hair stylist Leonard to create a hairstyle similar to the one worn by Princess Anne on her wedding day. Each stage of the creation was photographed and sketched and Reckitts hope these will be featured in newspapers and journals. Now any girl can have a Princess style, say Reckitts, all she need do is to take the photographs along with her to her hairstylist. Helping at the demonstration at the Waldorf Hotel, London, was actor Leslie Philips.

Drug Tariff amendments for England and Wales

Pethidine tablets 25mg have been transferred to the list of preparations only available as proprietary products in the latest Drug Tariff amendments list. Dichloralphenazone 150mg tablets have been deleted from the "proprietary only" list and placed among the Part VA list.

Diastix — a glycosuria detection strip — has been added to the list of prescribed reagents, and there are revised entries for boil dressings, douches and some specification changes in Part VIA and B. With effect from December 1, elastic web bandage and gauze pads are added to Part VIA.

October closures

A total of 21 pharmacies were lost to the Society's register during October. Of 35 closures, three were in London, 24 in the rest of England, six in Scotland and two in Wales. Two pharmacies opened up in London, ten in the rest of England, two in Scotland but none in Wales.

Irish benevolent dance

The annual dress dance for the Pharmaceutical Society of Ireland's Benevolent Fund will be held on December 4 at the Shelbourne Hotel, Dublin. Tickets are £4.50 each for the function which is the only annual event of the pharmacy calendar to be held in Dublin.

At a recent meeting of the Benevolent Fund Mr P. Cahill was elected to the chair. Other officers comprise Mr M. Whelan, Ann McDermott, Dr O. Corrigan and Mr J. Leaby.



Distribution challenge in rural areas

A warning that rural area pharmacy has three years in which to prove that it can provide farmers with their animal medicines, came from the annual meeting of the Pharmaceutical Society's agricultural and veterinary group on Sunday.

Mr D. F. Lewis, secretary to the Society, said that the Medicines Commission had realised that general sale list restrictions would have a profound effect on the distribution of medicines to farmers by merchants and manufacturers. They had therefore to make a concession, but could not be convinced by pharmacist members that the profession could provide the service required. There was therefore to be a three-year transitional period before distribution was brought under the control of pharmacists. "What we have to do in three years is to convince everyone that we can supply animal medicines with the safeguards the pharmacist provides".

But taking up a point raised earlier about the mechanics of "supervision" of a sale, Mr Lewis added that the Commission would not be convinced by a pharmacist merely initialing an order.

Other speakers warned that agricultural merchants might appoint pharmacists, but Mr K. W. Youings, chairman, said the Society would have to accept that as a "reasonable solution" to implementing the Medicines Act intention.

When a member suggested the NPU should set up an agricultural and veterinary group to be concerned with the commercial aspects, Mr J. O. Bond, a member of the NPU Executive, said that a meeting had already been held with the National Farmers' Union concerning the transitional list, and the NFU had been assured that pharmacies could provide the service farmers required.

Too soon

Mr J. M. Kirkness, Association of the British Pharmaceutical Industry, said that some member companies thought three years a "little soon" to change their distribution systems, and there should be a period of review — perhaps six months — before the change.

Several members stressed the need for a "code of conduct" in agricultural pharmacy so that the spirit of the Medicines Act could be applied. Mr Youings, admitting what was perhaps an "extremist" view, thought there might be "peripatetic" pharmacists going round market towns, provided the premises they used were locked up when not being supervised.

Asked about representations being made by the Society about the transitional list, Mr J. Ferguson, an assistant secretary, said it had been asked that some prescription-only medicines should be made available for sale through pharmacies — but not merchants. The Society had not objected

Mr J. G. Roberts, president of the Guild of Hospital Pharmacists, presented the first Nicholas Award to Dr Shirley Ellis (last week p690).



to the transition, nor to the time limit, provided it was fixed, but it had complained that a category of "authorised sellers" should have been resurrected by the government in Regulations when it had been dropped in the Act. The Society wanted record keeping, safe keeping and storage requirements to come into force at the beginning of the interim period, and an interpretation of "supervision" as under the Pharmacy Acts. It also wanted there to be a stated person responsible for sales through merchants, clearer definitions in the general sale list of "external" and "excipient", the transfer of some substances from section A to B, and the removal of others from section A.

Concluding the meeting, Mr Youings hoped that the next three years would see

maximum co-operation between pharmacists — no small pharmacist could go it alone and "beat the big boys". There should be no attitude that the ground might be cut from under your feet, but a feeling that it was better that a pharmacist should do the job rather than others.

Earlier, there had been a clear exposition of how to deal with EEC institutions by the secretary of the EEC veterinary liaison group, Mr A. Porter. He showed how the veterinarians' involvement with EEC over 12 years had put them well ahead on directives compared with other professions, but Mr Lewis pointed out that whereas British veterinary practice was looked upon as leading Europe, British pharmacy had aspects (such as company pharmacies) which Europe had no desire to follow.

What was the Minister's policy on this form of promotion under the Voluntary Price Regulation scheme?

Sir Keith Joseph replied, "I have had no such discussion nor do I intend to. I expect to see a reasonable cost of sales promotions, including the cost of representatives, of either sex, in the returns I receive under the scheme."

Mr Pavitt asked Sir Keith if he would now give the necessary six months' notice to terminate the Voluntary Price Regulation Scheme with a view to renegotiating terms more beneficial to the taxpayer. Sir Keith said he was unable to give such notice before March 1 1977. "I would in any case see no reason to seek to terminate the scheme because it is working as intended in providing a fair balance between the interests of the manufacturers and my Department."

Westminster report

Prothiaden promotion

Mr L. Pavitt asked the Social Services Secretary to investigate information that an area in Yorkshire has had a large increase in Prothiaden prescribing which coincides with a promotion campaign. The campaign includes the free gift of stethoscopes and auroscopes to general practitioners.

Sir Keith Joseph said that statistics of sales of most individual medicines according to Executive Council areas are not available. "The overall sales of the company to the NHS and their expenses will be included in the annual financial return submitted under the Voluntary Price Regulation Scheme and will be reviewed in the usual way. I am inquiring whether the activity mentioned conforms to the code of practice of the pharmaceutical industry."

Female representatives

Mr Pavitt also asked the Secretary for Social Services if he had discussed with the drug companies concerned, the employment of "attractive young female representatives" to call on family doctors to promote drugs prescribed on the NHS.

Boots-Fraser merger

Further questions about the proposed Boots-Fraser merger have been asked in the House of Commons. Mr Edward Bishop asked whether consultations with trade unions representing employees of all the companies concerned would be considered, together with the effect on manufacturers of products purchased by public funds including the NHS. Sir Geoffrey Howe, Minister for Trade and Consumer Affairs said he would "take account of all the relevant factors."

Sherwood Regional conference

General sale list philosophy attacked

The philosophy behind the general sale lists was attacked by Mr W. A. Beanland, a Council member of the Society, at Sheffield on Sunday.

Speaking on the effects of the Medicines Act on pharmacy practice, Mr Beanland said that after five years the Medicines Act had still not been fully implemented, but parts of it were or are under implementation. Manufacturing licences of right had been issued but were being replaced later by full licences. Also the product licence would be replaced in the near future with a full licence. It would demand three things; the purity, safety and efficacy of the product. The stage had been reached where we had progressed "from a large amount of pharmaceutical and parapharmaceutical rubbish of unknown quality now being replaced by a considerable amount of pharmaceutical and parapharmaceutical rubbish of superb quality."

Mr Beanland then queried how stringently the question of efficacy would be applied. If it required the same stringency as the manufacturing licence, a lot of products would disappear. If it was not applied stringently, "then we have made no progress whatever".

Emergency basis

The philosophy behind the Act, said Mr Beanland, was that all medicines should be sold by or under the personal supervision of a pharmacist. Perhaps he and the Council were naive, "but if one believes the Minister is an honest man speaking honestly, such a philosophy can only be interpreted as meaning that there will be a general sale list on an emergency basis". That would be so that when it was difficult for the patient to obtain his medicine "with the proper advice and from the right source" there would be a system whereby he could get an emergency supply.

Mr Beanland said he was thinking in terms of a restricted list of "perhaps a dozen or 18". A mild analgesic, a mild antacid, a mild laxative, an antiseptic cream, in a small pack clearly labelled "emergency pack" — "not proprietary medicines, certainly not advertised proprietary medicines available from any shop at any time of the day".

He had never been deluded that that would be the outcome, but nevertheless the "cynics" at Bloomsbury Square were "staggered" at the five lists. A prescription-only list had also been "whipped in", and the "no-mans land" between them became smaller and smaller "until the pharmacist was now in danger of having nothing left".

The general sale lists were only consultative ones to which any body or person could send in comments. The Society had commented at length and had not been "constrained or restrained". Mr Beanland went on to review some comments:

Consumer groups traditionally resent

restrictions on the public doing what they like and had previously complained that there was no supervision in a pharmacy, so where was the protection in limitation of sales? Mr Beanland commented that it was easy to prove and one provable incident would outweigh 100 theoretical arguments.

If the pharmacy-only class was enlarged it would interfere with effective distribution and perhaps supervision of medicines, therefore the number of substances in the general sale list needs to be increased — a novel idea.

There were other arguments which on the surface were pro-pharmacy but not in character—"if these are our friends, then heaven help me from our enemies".

All medicines on the general sale list should be able to be sold in pharmacies without supervision — that was a dangerous philosophy as pharmacists were the experts "and once we start ditching our expertise to help us compete on a commercial level, then we are lost."

Allow medicines not on the general sale list to be sold when the pharmacist is temporarily absent from the shop.

In addition to general sale list medicines, draw up another list of medicines which may be sold in pharmacies only, other than under supervision.

If it was believed that there was no such thing as an absolutely safe medicine, and that it was necessary to have a pharmacist there to advise, then "we must have no truck whatever with any demands for medicines to be sold from pharmacies without supervision".

Analgesic restrictions

Another point which would be attacked was the restrictions in the list on certain analgesics. If the lists are accepted as they stand, Beechams powders would be restricted to pharmacies whereas Beechams pills, which require two for a dose, would be on open sale. That was not however an argument to allow the open sale of both. One argument was that the pack size should be based on the average needs of a family most of whom normally buy a 100-dose pack so it should be allowed.

The argument that a limitation does not protect the public, so why make one, was answered by Mr Beanland. He said he was not concerned at that stage with a person who deliberately wanted to abuse himself, but with protecting a person who did not realise the dangers. The limitation on pack size and points of distribution offered considerable protection because the person would wonder why, and so would take care. The deliberate abuser could be dealt with later.

"There are undoubtedly going to be open and direct accusations against pharmacists," said Mr Beanland, which "would be difficult to disprove". There were things

pharmacists were doing now which would adversely affect pharmacy when the general sale list came to be actively considered. He criticised those pharmacists who allowed the self-service sale of medicines; encouraged the sale of large packs; supplied medicines to unqualified outlets; kept their premises open when they were not present; and featured and displayed "parapharmaceutical rubbish".

The general sale list would, in Mr Beanland's opinion, have a profound effect upon pharmacy. Big business had played its part in the list, and the Medicines Commission had undoubtedly been influenced by the commercial pressures put upon it.

There were two advantages that pharmacists were not using, said Mr Beanland — the right to counter-prescribe and prepare a treatment without a licence, and to prepare specialities provided they were not advertised and were sold only in the pharmacy. That was where the pharmacist's expertise could take effect. The pharmacist had to sell his qualification.

Speaking about the new Register, Mr Beanland said that after January 1, 1975, the Department of Health would have the right of refusal to register premises. "There is always the threat that political views can be used to alter considerably the number and type of premises," he added.

Postgraduate education

Some effects of NHS reorganisation were described by Mr E. Sharman, principal assistant secretary (manpower), Sheffield Regional Hospital Board. Speaking about postgraduate education he said that the Secretary of State was empowered to give such education, and the new service would provide the impetus and cash for it. The regional pharmacist would be responsible for co-ordinating postgraduate training in the region. Mr Sharman criticised the Society's manpower survey for saying nothing about the population increase or the need to increase services.

Alderman S. King, OBE, JP, chairman of the Sheffield Regional Health Authority, described why reorganisation of the NHS was necessary. There had naturally been a variety of special interests with many pressures and arguments at the time of the start of the health service and it included many compromises. It was inevitable that the reorganisation would follow on the time of local government reorganisation. In the new regional health authority, said Alderman King, there was "no strong feeling" that doctors were dominating.

Pharmacists will have a close relationship with the Family Practitioner Committees, said Mr J. Williams, clerk to Nottingham Executive Council. The professional make-up of the committee will be the same as that of the present Executive Council. The FPC functions would be similar to those of the Executive Council, but with less "teeth". The joint pricing committee will certify payment for chemists, and the FPC will authorise it, but Mr Williams did not know where the cheque would come from.

Mr E. Fitchett, FPS, Sheffield regional pharmacist, explained the Noel Hall reorganisation in the hospital pharmaceutical service. He showed how there were to be seven Noel Hall areas in the region, eight area health authorities and possibly 18 districts.



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The demand for Brut 33 has been of such unprecedented proportions that some of you may have been unable to obtain all that you ordered.

We apologize for this situation and assure you that every possible effort is being made to substantially increase production.

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PHILIPS

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People

Topical reflections

BY XRAYSER

Mr J. B. Lloyd, FPS, OBE, has been elected as an honorary member of the Guild of Hospital Pharmacists. Mr Lloyd recently retired from his post as chief pharmacist to Manchester Royal Infirmary.

Mr A. B. Arnott, MPS, has retired after 25 years as owner of the pharmacy at High Street, Cowdenbeath, Fife. His father established the business 67 years ago. Mr A. B. Arnott has been treasurer of the Fife Branch of the Pharmaceutical Society since 1963. Mr Brian Eggleston, Cowdenbeath, took over the business at the beginning of the month.

Professor A. M. Cook, chairman of the Royal Society of Health, is making a tour of North America. He represented the Society at the annual convention of the American Public Health Association at San Francisco where he read a paper on "The effect that recent legislation will have on the British Health Service".

Deaths

Alexander: On October 28, Mr Harry James Alexander, head of the medical branch, Crown Agents for Overseas Governments and Administrations. Mr Alexander was well known in pharmaceutical export circles.

Allen: On November 4, Mr John Allen, FRIC, formerly chief analyst of the British Drug Houses Ltd.

Baker: On November 14, Mr R. Baker, aged 73. Mr Baker had been a director of Thos Guest & Co Ltd for over 50 years, and chairman for the last 20 years.

Briess: On November 11, Mr H. J. Briess, founder, managing director and latest president of Briess Co Ltd. Mr Briess also founded in 1954 B. & P. Laboratories Ltd, manufacturers of gelatine capsules, which company subsequently merged with Medo Pharma Ltd in 1968 to form Regent Laboratories Ltd, now a member of the Guinness Peat group.

Gordon: On November 12, Mr Alexander Middleton Gordon, MPS, Buchanan Street, Balfour. Mr Gordon qualified in 1921.

Hanna: Recently, Mr James G. Hanna, Clonevin Park, Lisburn, co Antrim, aged 84. Mr Hanna was a director of Alexander Boyd & Co Ltd. He was for some years a member of Lisburn urban council, a governor of the Wallace High School, Lisburn, and chairman of the old Lisburn and Belfast regional education committee.

Jackson: Recently, Mr T. E. Jackson, area sales manager, central division of Vestric Ltd. Mr Jackson joined Evans Medical Ltd in 1956 as a chemist representative and, during his service with Evans, and more recently with Vestric, he worked as a representative in Wales and the Potteries and also in branch management in Wales and Liverpool.

Appearance

The interim report on the resolutions passed at the branch representatives' meeting provide evidence that the Council of the Pharmaceutical Society has given consideration to the wishes of the meeting. It does not necessarily follow that the branches which sponsored the resolutions will be fully satisfied with the Council's response, nor in fact that the representatives as a whole will accept the decisions, for, after all, once the meeting has accepted the terms of a motion the matter becomes of national and not merely local concern.

One of the resolutions passed in May of this year stated that it was the opinion of the meeting that the Society should actively encourage general practice pharmacists to give a professional appearance to their pharmacies. The Council point out in their interim comment that improvement in that direction is always encouraged by Council and that the matter is specifically mentioned in the Statement upon Matters of Professional Conduct.

The report goes on to say that "adequate guidance on this much-debated subject has already been given by the Council and that any further improvements must rest with the members themselves". The word "further" suggests that the Council has already done something and that something may be covered by what is described as adequate guidance. The tone of the statement seems to me to be a little petulant and that Council wants no more of that kind of resolution.

Deterioration

I don't think that is quite good enough. Those attending, many at considerable inconvenience, gave their support to the motion because of the concern they feel over the deterioration in the professional appearance of many pharmacies. One has only to look around to see the reason for that concern. It may be that the Finchley branch which raised the matter will consider a redrafting of the resolution, asking whether Council will actively discourage general practice pharmacists from giving a non-professional appearance to their pharmacies and what steps they are prepared to take to bring that about.

The bargain-basement appearance of many at the present time can scarcely be said—in the words of the Code—"to reflect the professional character of pharmacy". And all the members want is to have the Code upheld. Their definition of what is "adequate" does not appear to coincide with that of Council, otherwise the matter would not have been referred by the representatives.

Cut prices

It appears, from Mr Darling's address at Leicester, that he endorses the Council reaction to the Finchley resolution—as, indeed, he must as a member of Council. But in reply to a question concerning "Care", Mr Darling said that it should not be dismissed out of hand and one of the advantages of the NPU scheme was that decent cards advertising price reductions would be available, cards that would be used by many pharmacies. "Those would improve the appearance of the smaller shops which at present cluttered their windows with little postcards and coloured paper on which someone had marked the reduced prices."

But surely even "decent" cards advertising price reductions do little to reflect the professional character of pharmacy, and it is just possible that the matter of the cut-price store appearance was not absent from the minds of some of the branch representatives on that day in May, whether the cards in question were decent or indecent.

Trade News

£150,000 backs Bambi's first year

Golden Babe Bambi, the new disposable nappy being introduced by Lilia-White (Sales) Ltd (*C&D*, November 10, p 657), will be backed by £150,000-worth of support during its first 12 months.

Claimed "unique", it has a polythene backing which disperses the moisture quickly with the aid of a centre layer of cellulose, thus allowing greater absorption through the whole pad. This is said to make the nappy more comfortable and to lessen the chance of nappy rash. The nappy also has a non-woven cover to prevent the pad disintegrating when wet, and this also acts as a moisture barrier. It has an overall softness and soft ends (no crimping) to ensure maximum comfort. Lilia-White have also produced an "overnight" size, which is more than 40 per cent more absorbent than the daytime size, for use at night-time and on long journeys (it is estimated that a quarter of all disposables bought are used for these purposes).

To support the launch, Bambi will feature in 23 insertions in women's magazines and specialist baby Press running until the end of the year and offering free samples. Media will include *Woman, Woman and Home, Woman's Own, Family Circle, Good Housekeeping, Ideal Home, Living, True Magazine, True Romances, True Story, She, Mother, Mother and Baby, Maternity and Mothercraft*. There will also be a sampling operation to mothers with babies under 12 months old which will consist of product information and a 16p coupon.

Display material includes dump bins, counter units, shelf edge strips, adhesive tapes, counter cards and leaflet holders. The rest of the Golden Babe range of baby pants, and cotton wool products remain available from Lilia-White (Sales) Ltd, Charford Mills, Birmingham 8.



The Gay Dragoon bubble bath, introduced by Andre Philippe Ltd, 71 & 71b Gowan Avenue, Fulham, London SW6 6RJ, is priced at £0.33 (corrected note).

Sunglasses showrooms

Jacquelle Sales, division of Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland, are holding the following showrooms for their Sunbrella range of sunglasses: November 26, 27, Imperial Hotel, Barnstaple. November 28, 29, Duke of Cornwall Hotel, Plymouth, also Queen's Hotel, St Mary Street, Cardiff.

Pack change

FAIR Laboratories Ltd, 179 Heath Road, Twickenham, Middlesex, announce that when their stock of 40-tablet Roter tablets is exhausted, the pack will be discontinued and replaced by a 60-tablet size.

Different pack sizes

Do-Do tablets are now in two sizes only, 12-tablet size (£0.16½) and 30-tablet size (£0.34½), say International Laboratories Ltd, Lincoln Way, Windmill Road, Sunbury-on-Thames, Middlesex.

Sole distributors

Farillon Ltd, Chesham House, Chesham Close, Romford, Essex will act as sole distributors for Wallace Manufacturing Chemists Ltd, from December 1.

Nidoxital pack withdrawal

Ortho Pharmaceuticals Ltd, Saunderton, High Wycombe, Buckinghamshire are withdrawing Nidoxital capsules, 20 pack [corrected note].

Display stands for Nutriplan

Two-tone cardboard display stands, with either one or two facings, for Nutriplan instant soups for slimmers have been in-

troduced by Smith & Nephew Ltd, Welwyn Garden City, Herts. The facings take any combination of the seven different Nutriplan packs and the display emphasises how Nutriplan is the "obvious solution" for winter slimming.

Unichem offers

Unichem special terms offers during December include Brylcreem, Fynnon Salts, J & J baby lotion and oil, Loxene shampoo, Rapid Shave, SR, Signal, Sunsilk hairspray and shampoo, Ultrabrite, and Wilkinson Sword blades. Details from Unichem Ltd, Crown House, Morden, Surrey.

on TV next week

Ln — London; M — Midland; Lc — Lancashire;
Y — Yorkshire; Sc — Scotland; WW — Wales
and West; So — South; NE — North-east;
A — Anglia; U — Ulster; We — Westward;
B — Border; G — Grampian; E — Eireann;
CI — Channel Islands.

Ambre Solaire Face Care: Lc

Anadin: All except E, CI

Aquafresh: Y, WW, NE

Askit: Sc

Beecham powders: All areas

Cachet: Ln, M, Y, Sc, WW, So, NE, G

Crest toothpaste: Y

Dettol: All areas

Falcon hairspray: All areas

French Almond: M, Y, NE

Max Factor perfume atomiser: All except E

Menthalin: All areas

Oil of Ulay: M, Lc, Sc, WW, So, A, U, We, B, G

Osprey after shave: G

Philips Ladyshave: L, M, WW, So, A, We, CI

Philips Philishave range: All except E

Q-Tips: All areas

Silvikrin hairspray: All areas

Silvikrin shampoo: All areas

Tabac Original: Ln, M, Lc, Y, Sc, So, NE

Vaseline balanced care shampoo: All areas

Venos: All areas

Vosene: All areas

Windsong: All except U, E, CI

Zubes: Y, Sc, WW



new prices

**As from 1st December 1973 new prices
will become effective for the following
Abbott products**

		New Basic NHS Prices		New Basic NHS Prices
CALCIDRINE SYRUP	150 ml.	£0·22	NEMBUTAL 50 mg.	100 caps £0·48
"	2·25 litre	2·64	" 50 mg.	500 caps 2·17
ENDURON 5MG	100 tabs	1·28	" 100 mg.	100 caps 0·58
"	500 tabs	6·09	" 100 mg.	500 caps 2·67
ENDURONYL	100 tabs	1·61	" 100 mg.	1000 caps 5·07
"	500 tabs	7·63	" 100 mg.	5000 caps 24·92
ENDURONYL FORTE	100 tabs	1·87	PARADIONE	100 caps 1·04
EUTONYL TEN	100 Filmtabs	0·95	PEGANONE	100 tabs 1·42
"	500 Filmtabs	4·70	SELSUN	6×25 ml. 0·64
EUTONYL 25MG	100 Filmtabs	2·11	"	6×50 ml. 1·18
"	500 Filmtabs	10·42	"	3×100 ml. 1·10
FERRO-GRADUMET	30 Filmtabs	0·34	SELENIUM SULPH	3×100 ml. 1·10
"	150 Filmtabs	1·61	SERENESIL	100 caps 1·21
FERROGRAD C	150 Filmtabs	2·19	"	500 caps 5·41
FERROGRAD FOLIC	150 Filmtabs	1·98	SURBEX-T	100 Filmtabs 1·61
HARMOGEN	100 tabs	3·21	THEOGRAD	150 Filmtabs 2·09
HARMONYL	100 tabs	0·80	TRIDIONE	100 caps 0·86
"	1000 tabs	7·76	"	1000 caps 7·65
IBEROL	100 Filmtabs	2·11	TRIDIONE Dulcets	100 0·56
"	500 Filmtabs	9·98	VI-DAYLIN	100 ml. 0·19
IROFOL C	150 Filmtabs	2·41	"	500 ml. 0·97
NEMBUTAL 30 mg.	100 caps	0·37		

There are no changes in the prices of other Abbott products.



Price lists giving the complete range of Abbott products are available on request to Abbott Laboratories Limited, Queenborough, Kent ME11 5EL.

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PRICE PER 10 PAIRS £3.07 PLUS VAT
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New products and packs

Cosmetics and toiletries

Bonne Bell makeup pack

New from Bonne Bell is a makeup pack containing a complete makeup range that concentrates on skin care and natural cosmetics. Called Bonne's Choice (£2.95), it includes a moisture lotion, Creme 2000 (a 24 hour complexion treatment), Ten-O-Six lotion (a cleanser), blushing gel, lip gloss, and Shampoo 2000 (a protein shampoo and conditioner combined). The cosmetic pack is aimed at the young woman and represents a saving of £2 on the value of the products in the pack (Bonne Bell, York House, Empire Way, Wembley, Middx).

Bright eyes from Yardley

Tender Tone eye shadow, (£0.36) small pots of "shimmering translucent colour" in an easy to apply gel formula, have been introduced by Yardley. There are six shades — butterfly blue, mauve magic, soft suede, moonshine, gentle jade, and pussy-willow.

From Yardley also comes Multilash mascara, a lash builder and mascara in one. This is packed in a black and gold container and has a spiral brush applicator to ensure lash separation. Multilash is in four colours — black, brownish/black, brown and navy (Yardley of London Ltd, 33 Old Bond Street, London W1X 4AP).

Roger & Gallet extend range

Roger & Gallet Ltd, 16 Lettice Street, London SW6 4EH, have recently introduced a new range of men's toiletries — Havane. The range includes toilet water — 100cc (£1.70), and 200cc (£2.50); after shave — 100cc (£1.35), and 200cc (£2.00); after shave spray (£1.75), toilet water spray (£2.00), and after shave balm (£1.65).

Veterinary

Food supplement for horses

Elysine (Racing), a new lysine, vitamin and mineral supplement for horses, is available from McKesson & Robbins (3kg pail, £12.60 retail; 9kg pail, £36 plus VAT). The makers say the supplement, in mini-pellet form, covers the vitamin requirements of racehorses both in the racing season (50g daily) and at rest (25g daily) (McKesson & Robbins Ltd, Haine Industrial Estate, Ramsgate, Kent).

Sow wormer nuts

A new sow wormer nut for adult sows has been added to the Loxon range of pig wormers by the Wellcome Foundation Ltd.

Loxon sow nuts contain haloxon in a feed base and should be mixed in the feed in doses of 1oz per 100 lb bodyweight for groups of sows or 2oz per 200 lb individual sow. The makers say the nuts are effective against ascarids and strongyles.

The 5kg drum contains 88 doses, has a 2oz measure and retails at £11.20 (Wellcome Foundation Ltd, Agricultural Division, Berkhamsted, Herts).

Surgical

Everett needle pack

Everett Medical Products Ltd are launching a new sterile, single-use hypodermic needle pack (100, £0.87 trade) suitable for intra-dermal, intravenous and intra-muscular injections and blood sampling procedures.



The makers say the stainless steel, needle meets British Standard requirements for stiffness, elasticity, and resistance to breakage and corrosion and the shaft is silicone-coated for easier penetration. Four sizes of needle tube are available (25, 23, 21 and 19 gauge), with needle lengths from 16 mm to 50 mm (Everett Medical Products Ltd, 2 Commonsides East, Mitcham, Surrey).

Prescription specialities

LEDERSPAN

Manufacturer Lederle Laboratories, Division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants, PO13 OAS

Description Lederspan 20mg per ml — Sterile suspension of micronized triamcinolone hexacetonide 20 mg per ml with polysorbate 80 0.4 per cent w/v, sorbitol solution 50 per cent v/v, benzyl alcohol 0.9 per cent w/v in water for injection. Lederspan 5mg per ml — triamcinolone hexacetonide 5mg per ml with polysorbate 80 0.2 per cent w/v, sorbitol solution 50 v/v, benzyl alcohol 0.9 per cent w/v in water for injection

Indications 20mg per ml — for intra-articular and intrasynovial use in rheumatoid, traumatic and gouty arthritis, osteoarthritis, synovitis, bursitis, fibrosis etc. 5mg per ml — for intralesional and sublesional use in cystic acne, alopecia areata, nummular and dyshidrotic eczema, granuloma annulare, keloids, lichen planus, discoid lupus erythematosus, localised neurodermatitis, prurigo nodularis, psoriasis of the nails

Contraindications Hypersensitivity to any of components or when previous injections have produced local atrophy. Infected joints.

Dosage Intra-articular and intrasynovial use — 2 to 20mg. Intralesional and sublesional use — 0.5mg or less per square inch of affected skin. See literature. The effect lasts from a few weeks to several months.

Precautions As for other glucocorticoids but systemic activity is reduced because of slow release from the injection site

Side effects Local atrophy, abscess, flushing, pain and swelling may occur. Systemic effects are rare but anorexia, myopathy, depression and other effects common to

glucocorticoids generally may occur.

Storage In a cool place

Dispensing diluent May be diluted with water for injection BP, sodium chloride injection BP, sodium chloride and dextrose injection BP, or lignocaine hydrochloride injection BP immediately before use. Fluids containing methyl or propyl hydroxybenzoates or phenol may cause flocculation.

Packs 20mg per ml — 5ml vial (£2.90 trade). 5mg per ml — 5ml vial (£0.80 trade).

Supply restrictions PI, TSA

Issued November 1973. Lederspan 5mg per ml available December 4

POLLINEX

Manufacturer Bencard, Great West Road, Brentford, Middlesex TW8 9BD.

Description Glutaraldehyde-modified extracts of pollen from 12 common grasses, adsorbed onto tyrosine. Each course is presented in 3 unit dose syringes prefilled with 0.5ml vaccine in strengths of 300, 800 and 2,000 Noon units. Tyrosine content is 4 per cent w/v with phenol as preservative.

Indications Classical hay fever, pollen asthma.

Contraindications Pregnancy. Patients suffering from febrile conditions or an acute attack of asthma should not be injected until 24 hours after the condition has returned to normal.

Dosage By subcutaneous injection only, at intervals of 7-14 days. The course must be started by mid-April. Do not use during the grass pollination season.

Precautions Children under 6 should be referred to an allergy clinic. Patients should be warned not to eat a heavy meal immediately before injection nor take strenuous exercise afterwards.

Side effects Slight local swelling or discomfort may occur.

Storage In a refrigerator (5°C). Should not be frozen.

Packs Set of 3 unit dose prefilled syringes with needles (£10.65 trade).

Supply restrictions PI, TSA.

Issued November 1973.

Introducing the The pocket camera that gives you



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When we set out to make the perfect pocket camera, we discovered we could cut down on one or two things.

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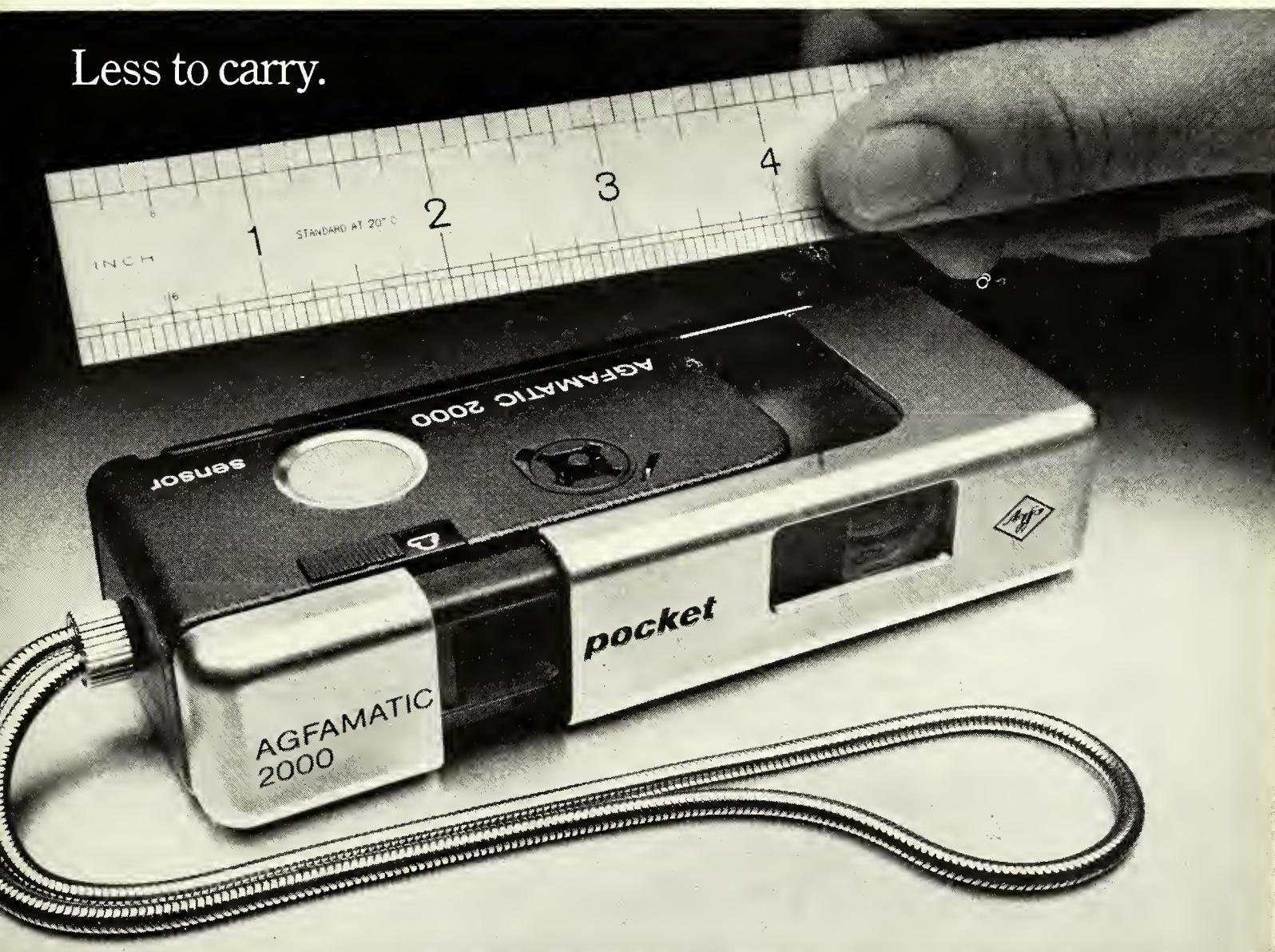
And an attachment for X-type flashcubes. With a special extender to help eliminate red eyes in flash pictures.

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ing not only the camera, but a flashcube and extender, a soft chrome
st chain and an Agfacolor pocket cartridge film for colour prints.

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How the Russians practise pharmacy

The four members of the Socialist Medical Association's study group which recently looked at pharmacy in the USSR, "reported back" to a meeting at the House of Commons last week. We begin our report with the full text of the "general practice" scene as recorded by Mr J. S. Cave, who runs a pharmacy in Harlow, Essex.

We spent 12 days in the USSR with the specific object of studying pharmacy and finding out as much as we could. We visited seven so-called "self-supporting" pharmacies in Moscow, Leningrad and Kalinin as well as one at a medical station in the country near Kalinin at what was described to us as a poultry factory. We also visited two factories, a hospital and polyclinic, a sanatorium or convalescent home and the headquarters of the Leningrad Ambulance Service. Besides this we had long formal and informal talks with the principals and staff of the places we visited as well as talks with officials of the Ministry of Health and the Medical Workers Union in Moscow and Leningrad.

It may be said that we only saw what we were shown and that is true except for one pharmacy in Kalinin which we went in on the spur of the moment as we were walking by. But we were by no means shown only the best. We saw new and old, large and small, city, suburban and country pharmacies. One of the factories we visited was decidedly "tatty" in my opinion and our hosts hastened to say that it was due for demolition and replacement.

Ethical

The self-supporting pharmacies — the equivalent of our retail establishments — are all ethical although in one or two we saw a small selection of cosmetics, about four per cent of the total stock we were told. They are all state-owned of course and are sited according to the population and its needs — roughly one to

At left: Powders are still used extensively. Right: Revolving trays keep drugs at hand

15,000 people. However, every pharmacy must make a profit and if a new one is not doing so after three years, they close it and open another one somewhere else. I found this surprising; there seems no question of unprofitable ones being subsidised by the others or by the state direct.

Apteka No 280 in Moscow has a staff of 70 including 40 pharmacists, all of them women. They do approximately 40,000 transactions per day and 900,000 prescriptions per year but this figure is somewhat misleading since about 92 per cent of the prescriptions are handed straight out across the counter.

All the larger pharmacies have three or more counters, one for retail sale, one for prescriptions which take time to prepare and one for prescriptions for items already prepared, and in some places there were two counters for this, one for internal and one for external preparations.

Pre-packaging

All tablets etc are either foil-packed or pre-packed in small quantities ready for handing straight out and from the number of prescriptions dispensed in this way, it is apparent that standard labelling and directions are used. There is no question of counting tablets — original small packs are used all the time.

I think we have a lot to learn from the way pharmacy is organised, but we found the end-product, as you might say, somewhat old-fashioned by our standards. Powders are still widely used and in at least three of the places we visited one of the staff was dispensing them while we

were there. Infusion of valerian is used extensively as well as boric acid, phenacetin, bromides and other drugs seldom used nowdays.

I was surprised at the extensive use of herbs and plants. In Leningrad and Kalinin every pharmacy displayed a list of herbs which the population are encouraged to collect. The lists had pictures, the parts of plants to be collected and the time of the year and the price paid for them at the pharmacy. I counted 41 on the list but in our botanical ignorance we could only identify a few — rose hips, pine cones and needles, nettles, marshmallow, birch buds, arum lily rhizomes and wild parsley. They are collected, as I said, by the public who sell them to the pharmacy where they are sorted and cleaned and either dried on the premises or sent to a larger establishment.

They are then packed into cartons and sold over-the-counter with instructions for their use. The staff of the pharmacies also go out into the country and collect the plants themselves. I do not intend to enter into a debate upon their efficiency but I can see that a very good case can be made out for their use. When asked about it we were told: "We are making use of the natural resources of our countryside".

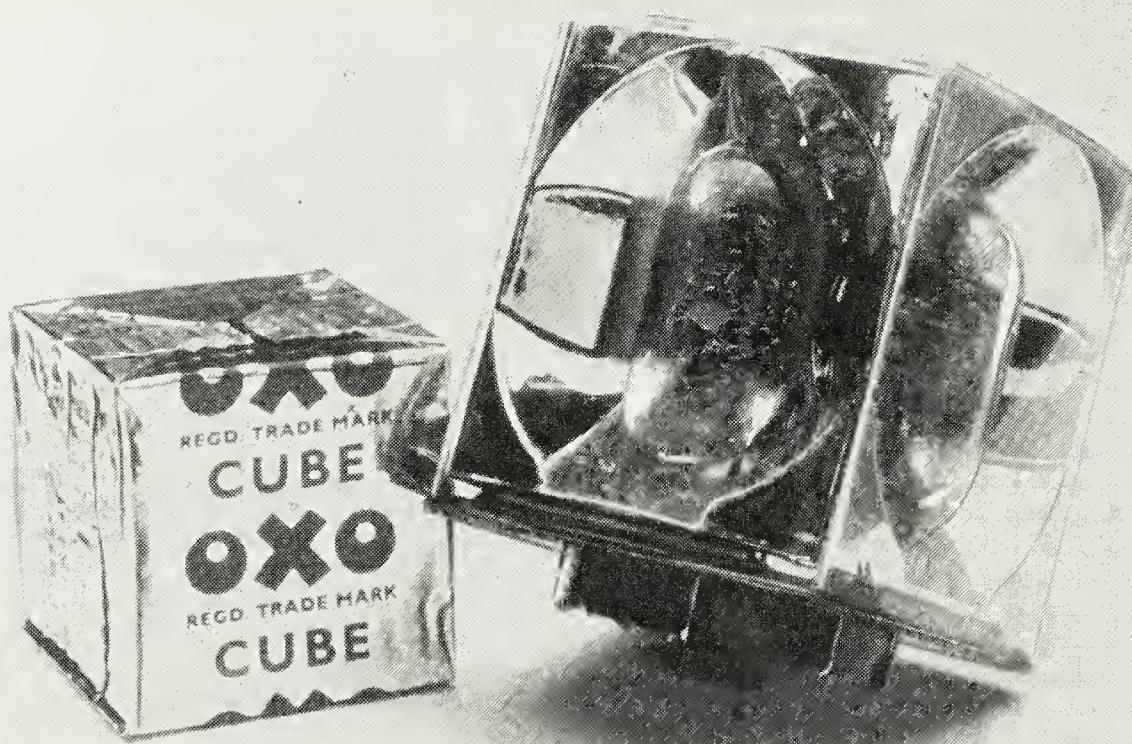
Always an analyst

Every pharmacy we visited, with the exception of the poultry factory, had at least one analytical chemist on its staff who tested and checked both in-coming and out-going drugs and preparations, qualitatively and often quantitatively, so that the ultimate responsibility rests with her. "Her" of course — no men.

Pharmacy lay-out and equipment is different from ours — for a start all dispensing is done sitting down. All equipment is standard and is developed and designed at an experimental pharmacy which we visited in Moscow. They use revolving stands — one for drys and one for wets. The stand for solutions and liquid galenicals has plastic containers about 18in tall by 3in diameter, with graduated pipettes underneath by which means the liquids are measured directly into the bottles. To await collection the finished medicines etc are put onto a large revolving stand with

Continued on p 743





Atlas Photoflash. The other brand-leading cube.

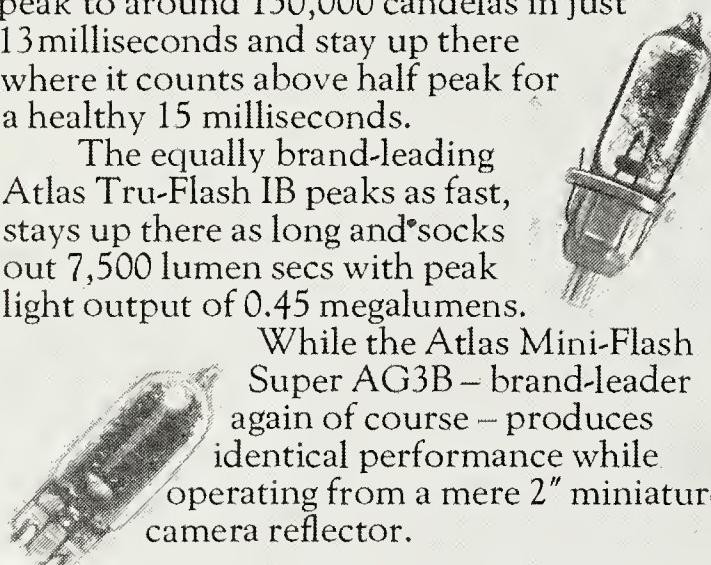
Atlas are the top sellers across the board in the photoflash business.

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The beefy little cube on the right in the picture above, for instance, contains four zirconium packed sub-miniature bulbs that peak to around 130,000 candelas in just 13 milliseconds and stay up there where it counts above half peak for a healthy 15 milliseconds.

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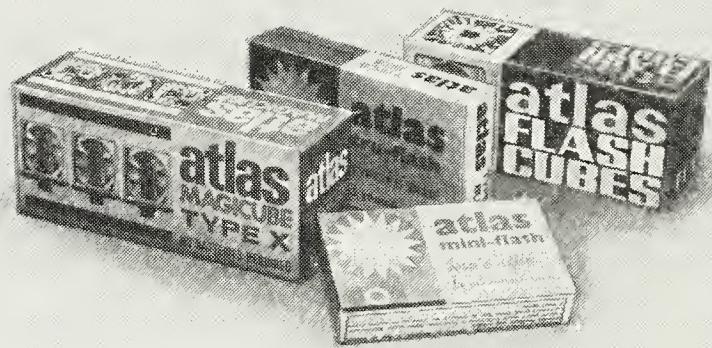
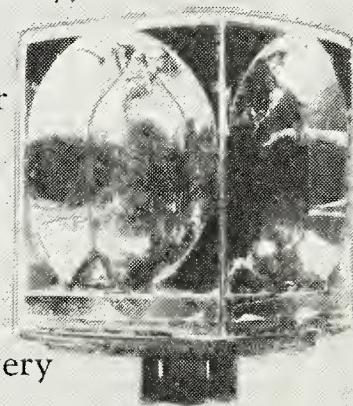
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Russian pharmacy

Continued from p 741

several tiers which is half in the dispensary and half in the shop behind the counter.

We saw small hand-held dispensing balances in use as well as ordinary balances on the bench. For dispensing powders an adjustable scoop is used — this too was designed at the experimental and research pharmacy as are counters, show-cases, new premises and the refitting of older ones. Cupboards in the dispensaries, by the way, but no open shelves.

One peculiarity is the "pharmacy counters", which are controlled and staffed by local pharmacies and where packed drugs and medicines are sold without prescription. They are placed in small medical stations and in hotels. In our hotel in Leningrad we saw, amongst other things, aspirins packed in sixes, tablets of phenobarbitone and papaverine in tens, phenacetin and amidopyrin.

The larger pharmacies have a lecture theatre and one of the functions of managers is to hold regular meetings with the public for lectures and seminars on hygiene and health topics, meetings with doctors to discuss medical matters and new products and to hold meetings with staff.

Health education plays an important part in pharmacy, mostly by means of posters and leaflets, but also by the lectures and discussions. The larger pharmacies have quite an extensive reference library for use by the doctors and there seems much more contact between doctors and pharmacists than in Britain.

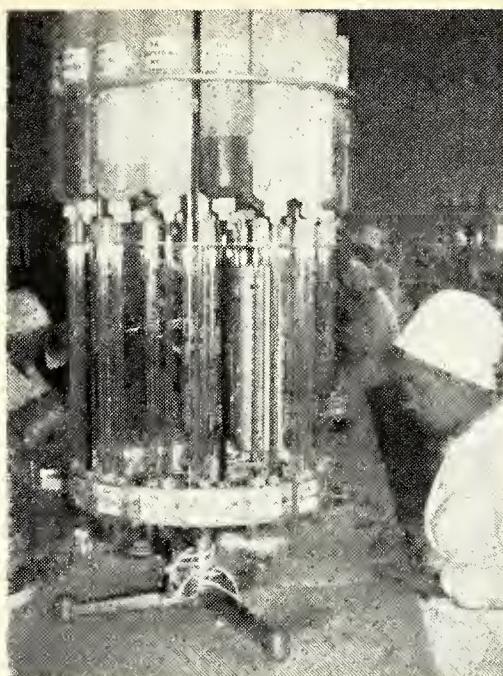
We were surprised and disappointed to find that although medicines are cheap, or so we were assured, the patient pays in full for prescriptions. There are exemptions for old people, children and various types of diseases roughly the same as here.

When we took up the question of free medicines and the fact that we have been working and agitating for years for the removal of prescription charges the answer was: "It has taken us 50 years to get where we are; we are still progressing and it is a question of priorities, the first of which is housing, and good housing improves the health of the masses. We shall have a completely free health service in a few years time".

Union membership

Every worker in the Apteka service and in the medical services as a whole is a member of the Medical Workers Union from the Minister of Health downwards and every establishment, however small, has a trade union committee. Unions have a dual function: — to look after the interests of the state as well as protecting the interests of the workers. Wherever we went we were impressed by the enthusiasm and pride of everybody we met, at every level — for the service they were giving in their premises; for the fact that in spite of old promises they were doing a good job and increasing production, and above all for their country.

As far as the service is concerned, of the 350 pharmacies in Moscow 80 are open 24 hours, seven days a week and the rest from 8 am to 9 pm. For people who can't get out, a prescription collection and delivery service is a normal part of the ser-



Liquid galenicals are dispensed from vertical plastic containers fitted with pipettes

vice — it is not done just as a favour.

In conclusion, I feel that in spite of certain limitations I have mentioned we have a lot to learn from the USSR. We saw how a completely nationalised pharmaceutical industry (including the retail side of it) can be, and is, run efficiently and with enthusiasm for the benefit of the people.

I would like to work under such a system.

Four-fifths of the pharmacy staff are women

The problems of the working mother have been largely solved in the USSR, Mrs Audrey Thomas found. In the health service, 80 per cent of the employees were women and they held the top jobs — a man was in charge at only one — small — pharmacy the group visited. The standard working week for all employees is 30 hours, and overtime is discouraged — with pharmacies open 12 hours a day a mother can leave her children at a kindergarten while she works half the day. Full-paid leave is granted for maternity and when a woman has to care for a sick member of the family.

Mrs Thomas also reported the trade union set-up "brings democracy into industry". There were parallel management and union structures, the pharmacy staff electing their officers and committee. The committee investigated complaints against management and had responsibility for the welfare of the workers — from the chief pharmacist to the cleaner. Social insurance funds were available to subsidise holidays for workers who exceeded the output norm, to provide staff housing and other benefits. It was the opposite of bureaucratic administration, said Mrs Thomas, because the people who were entitled to things got them, and there was room for compassion.

Mr P. Crees, reported that the hospital pharmacy and Apteka services are fully integrated. In fact the two looked the same, except for the absence of a sales area in the hospital and a larger sterile products area. However, "they are 10-15

years behind our best hospital practice", said Mr Crees, being geared to make small batches only, and presumably relying on factory production for infusion fluids, for example. In Moscow there were 80 24-hour pharmacies and these also served the hospitals during the night.

The Russians had not thought seriously about ward pharmacy, but there were inter-professional seminars and "doctors do not consider themselves a race apart" (they are paid only a little more than the pharmacist). All the professional workers were expected to spend four hours a month in voluntary health education work.

Mr T. C. Thomas, reporting on the industry, said they had visited a factory making 250 galenicals, plus capsules and 35 million pre-packed items a year. They had also been to an antibiotics factory — which was old. The Academy of Science was responsible for all research programmes and a pharmacopoeia commission for standards and the introduction of new drugs to the health service. A pharmaceutical research institute developed packaging (92 per cent of products were pre-packed), pharmacy furnishings and health education displays. The Health Ministry was responsible for all purchases.

During a visit to Medexport, the party had learned that the reason for lack of Russian drugs on the British market arose from manufacturing premises inspection requirements and differences in pharmaceutical standards. The Soviet industry was not prepared to enter a sort of "world cup" race in the search for new drugs — its motivation was drug safety and public accountability.

During the discussion it emerged that drug distribution is via a state-controlled wholesale system. New drugs are tested in special units. The patient pays the economic price for the drugs (set nationally) which will cover the running costs of a pharmacy if it is run efficiently — any "profit" is available for staff bonuses once social service payments have been made. However, the prices are brought down almost to "production" costs because there are no real profit elements, building costs, etc, to be included.

All members of the party were agreed that such professional exchanges should be encouraged.

New advertising scheme for staff vacancies

A sponsored advertising scheme whereby employers can advertise their specific vacancies for professional and executive category staff has been announced by Mr Dewi Rees, director of the Department of Employment's professional and executive recruitment (PER) service.

Known as "PERad", the scheme will offer employers the convenience of notifying vacancies to one central point, automatic matching of the vacancy against PER's own "candidate bank" while the vacancy is being advertised in the national Press, and a follow-up service giving a short list of the most suitable candidates by computer selection, together with notification of unsuccessful candidates.

Further details from PER head office, 4 Grosvenor Place, London SW1X 7SB.

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Bioavailability of digoxin: importance not appreciated'

call for dissolution rates to be established as part of the official standard for digoxin tablets was made by a number of speakers at a symposium on digoxin bioavailability organised by the UK Medical Division of the Wellcome Foundation, in London last week.

"Bioavailability of drugs has become a major issue within the pharmaceutical industry," said Dr R. N. Smith, senior lecturer in pharmacology and therapeutics at the University of Sheffield, "but its clinical importance has not been immediately or fully appreciated by doctors and pharmacists."

"Generic prescribing has been advocated in the past decade. The arguments are valid. But it was promoted with missionary zeal by academic teachers without regard for all the facts. It was difficult to reconcile generic non-equivalence with this recent teaching." Bioavailability studies have demonstrated variations in the amount of drug released from different manufacturers' products. "Such variations are the rule rather than the exception. To date 64 drugs have been shown to have generic non-equivalence. Present pharmaceutical standards are not sufficient. But we should recall that efforts to maintain acceptable standards of drug manufacture have usually been stimulated by evidence of possible shortcomings."

Improvements

During the forty year period in which digoxin tablets have been made at the Wellcome Chemical Works at Dartford," said Dr D. A. Munro-Faure, Director of Clinical Research at the Wellcome Research Laboratories at Beckenham, "various improvements have been incorporated in the manufacturing process."

One such manufacturing modification was made at the end of 1969. Although the international standards for digoxin tablets in existence at the time were fully satisfied, the modification tended to increase the variability of the distribution of digoxin in single tablets and thus the earlier manufacturing method was reinstated in May 1972.

During the same period, the Wellcome Central Analytical Laboratories had been studying methods for the measurement of dissolution rate. When these were applied in Spring 1972, it was found that the batches of Lanoxin tablets made between 1970 and 1972 had lower dissolution rates than those made before or since. A comparison of digoxin absorption from two batches of Lanoxin tablets, made before and after May 1972, indicated that the absorption of digoxin from Lanoxin tablets made early in 1972 was 50 or 55 per cent of that from the tablets made after May 1972.

Lanoxin tablets manufactured in the US and by other overseas Wellcome factories had not been subject to change. Digoxin absorption from these tablets was consistent and satisfactory.

"While the *in vitro* and absorption characteristics of Lanoxin tablets are now fully defined," said Dr Munro-Faure, "it remains possible that patients are being exposed to the dangers of over or under digitalisation unnecessarily because doctors and pharmacists are insufficiently aware of the potential hazards of switching from one brand of digoxin to another."

The first suggestion that digoxin tablets from several sources might show different bioavailabilities was reported in Finland by Manninen, Melin and Hartel in 1971, said Mr R. H. Leach, area pharmacist at the Queen Elizabeth Medical Centre, Birmingham. Shortly after, Lindenbaum and others in the United States provided further evidence for the inequivalence between various brands of digoxin tablets.

Reporting work carried out jointly with E. J. Fraser and J. W. Poston, Mr Leach said it was important to examine the bioavailability of tablets of digoxin marketed in Britain. "It seemed to us that the absorption of such a sparingly soluble drug as digoxin was likely to be limited by its rate of solution.

"Prior to May 1972, our studies suggested that many, but not all, commonly used brands of digoxin tablets available in the United Kingdom had roughly similar dissolution profiles. The advent of 'new' Lanoxin completely altered the picture as we saw it. Its rapid dissolution rate sharply contrasted with that of the 'old' Lanoxin and only one other brand of digoxin tablet that we examined had a profile which approximated to that of 'new' Lanoxin". Mr Leach also reported batch to batch variation in dissolution rates of tablets of one manufacturer.

Correlation

"An excellent correlation was found between the concentration of digoxin in solution at one hour and the bioavailability. The studies of our own group clearly establish that bioavailability can be checked from batch to batch by a routine dissolution test."

"We have now been able to demonstrate," said Dr B. F. Johnson of the Clinical Research Division, Wellcome Research Laboratories, Beckenham, "a close correlation between tablet dissolution rate and all the commonly used measures of bioavailability."

"One conclusion of our studies is that current regulations will not prevent the continued marketing of digoxin tablets of wide variation in bioavailability. By contrast, we feel that dissolution rate stan-

dards could markedly reduce the variation in bioavailability of digoxin tablets. Dissolution rate testing is clearly the best *in vitro* predictor of bioavailability and it should be applied to all marketed products.

"Large variations in the dissolution rate of digoxin tablets have been demonstrated on the British market and this strongly suggests that patients frequently receive tablets of radically different potency on different occasions. Since May of 1972 all batches of Lanoxin tablets made in the United Kingdom have been subjected to the dissolution procedure to ensure consistently high standard dissolution rate and we feel that this procedure should be incorporated into the national quality control regulations."

Safer tablets

Tablets with more rapid dissolution would produce higher peak levels, said Dr D. A. Chamberlain, consultant physician at the Royal Sussex County Hospital, Brighton. In his view they were safer than tablets with lower bioavailability "because their more constant absorption diminishes one variable in handling this very difficult drug."

Dr T. R. D. Shaw, registrar in cardiology at St Bartholomew's Hospital, London, reported wide variation in clinical response in patients treated with brands of digoxin with different dissolution rates. Dr D. A. Cowan, lecturer in biopharmacy at Chelsea College, University of London reported wide variation in the dissolution rates of the digoxin tablets of different manufacturers.

Cruel Experiments Bill redefines experimental conditions

The conditions under which discomforting experiments may be performed on living animals is redefined in a parliamentary Bill published recently.

The House of Lords Cruel Experiments Bill (HM Stationery Office, £0·10½) provides conditions limiting the granting of licences to experiments having a legitimate medical purpose, and not "to further the production of a cosmetic preparation, or which involves the administration to an animal of nicotine, alcohol or any social drug of a similar nature."

In the case of painful or distressing procedures a prior recommendation is required from a specially constituted statutory committee to be made up of bishops, judges, principals of universities, fellows of the Royal Society and "persons who have distinguished themselves in the creative arts, in politics or in other fields of service to the community": it will be known as the Committee of Moral Reference.

The inspection of registered premises is proposed to be not less than four times every month at irregular intervals and without notice. Penalties in the Bill are to be a fine not exceeding £500, or up to three months imprisonment, or both. The resulting Act would be the Cruel Experiments Act 1974 and would come into force on January 1, 1975.

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1. *Practitioner* (1973), 211, 357.
2. *Medical Digest* (1973), 177.

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Reprimand for employing unregistered 'pharmacist'

Offences that occurred while an unregistered person was employed as a pharmacist led to a company chemists and their superintendent pharmacist being reprimanded by the Pharmaceutical Society's statutory Committee last week.

John Harley Ltd, Lower Belgrave Street, London SW1, appeared before the Committee in March 1972 following a conviction for selling a poison without the supervision of a qualified pharmacist in 1970; conviction on 47 offences under the Pharmacy and Poisons Act and the Therapeutic Substances Act and two other unlawful sales of poison in 1971. The superintendent pharmacist, Mr Geoffrey Edmunds, had admitted being convicted seven charges of selling substances without authorisation.

The Committee's chairman, Sir Gordon Fillmer, said they had taken a serious view of the firm's employment of an unregistered man as a pharmacist. The employer and the superintendent should have satisfied themselves that he was in fact registered.

"He was allowed to get away with it for several months before it was discovered", said Sir Gordon. "We have decided that this is a case in which we should administer a reprimand."

The firm also appeared in respect of an allegation that it had illegally dispensed prescriptions signed by doctors at the Russian Embassy. Mr P. St John Howe, for the Society, said there was evidence that several pharmacists had committed such breaches. The case had led to a warning that such prescriptions must be countersigned by a practitioner on the British Medical Register. The charge against the firm was adjourned *sine die*.

Legal sales

& J. Brooksby Ltd, Uxbridge Road, Hammersmith, and its superintendent pharmacist, Mr Ladislav Vitera, appeared as a result of the company's conviction at West London magistrates court of two offences contrary to the Pharmacy and Poisons Act. The offences concerned the sale of a kaolin and morphine mixture, and of Marzine tablets to an agent of the society in the absence of a pharmacist.

The Society's inspector, Mr G. Norris, further alleged that, at the time of the court's visit on a Sunday in July 1972, the dispensary was open, a dispensed medicine was handed out by the director, Mr A. Brooksby, and the key of the Dangerous Drugs cupboard was not in the possession of a pharmacist.

The Committee postponed its decision for 12 months. "What action we take depends on what we are told then," said Sir Gordon. Mr Vitera, who was once assistant secretary of the Czechoslovakian Pharmaceutical Society, would have to pro-

duce two testimonials, one from a practising pharmacist.

Sir Gordon said that at the time of the offences Mr Vitera, who had been away ill, had been advised to take a lighter job at another pharmacy, and at the same time retain his appointment as superintendent pharmacist at Brooksby's. "This seems to be making a mockery of the position of superintendent pharmacist," Sir Gordon added. "One is driven to the conclusion that his name was really being used as a cover to ostensibly comply with the law."

The Committee took exception to the "rather haphazard" way the whole business was run, handing over from one pharmacist to another while all the time retaining Mr Vitera in ostensible authority as superintendent. But the situation had now been remedied. Mr Vitera was well enough to be back at work full time, and the shop was no longer open on Sundays.

Mr Brooksby told the Committee that he sold the two medicines because the shop was busy — "human nature being what it is I took the line of least resistance." On that particular day the locum he was employing did not arrive.

Dispensing mistake

A Norwich pharmacist admitted that he made a mistake in dispensing for an addict a drug prescription which was post-dated. Mr Arthur Amies, managing director and superintendent chemist of R. Fox (Chemists) Ltd, Queen's Road, Norwich, said it was the first time in more than 46 years membership of the Society that he had come across a post-dated prescription. "My dispenser and I made a mistake by not noticing it until it was being entered in the drug register", he added. He did not know the prescription was for a known drug addict.

Mr Amies appeared following the conviction of his company in March for supplying methadone without a valid prescription and selling codeine tablets and a bottle of Famel syrup without the supervision of a pharmacist.

Adjourning the case for 12 months, Sir Gordon said the Committee were by no means satisfied with the way the business was conducted. While the oversight concerning the date was understandable, they were more concerned about Mr Amies' absence for one hour and 20 minutes at lunch-time when there was no pharmacist on the premises. Although he had threatened his staff with instant dismissal if any illegal sale was made again, the Committee required a good deal more safeguard than that.

An inquiry into an allegation that a Basingstoke chemist breached professional practice by advertising his business in a local newspaper, was adjourned by the Committee until February.

An Edgware, London, pharmacy business and its director were reprimanded by the Committee for offences which resulted in a conviction at Hendon magistrates court in March. Judelson and Phillips (Pharmacists Ltd) 175 Burnt Oak Broadway, Edgware, were fined a total of £40 and ordered to pay £10 costs by the court for unlawfully supplying a Therapeutic Substance, and a Part 1 poison known as Benylin, not under the supervision of a pharmacist. The director, Mr Michael Lewis Judelson was fined £10 and ordered to pay £10 costs. Sir Gordon said the Committee did not regard this as a very serious case. They were offences of a technical nature.

A pharmacist who did not attend the hearing of his case before the Committee was in peril of being struck off, said Sir Gordon. He had pleaded guilty before magistrates to stealing £600 in takings from his employers and was fined £50. Adjourning the hearing until February 1974, Sir Gordon said the Committee wanted the pharmacist to have the opportunity of giving his own explanation.

Extra dietary supplements needed by sportsmen?

Athletes probably need dietary supplements as they expend large quantities of energy, according to Dr E. Kvanta, Chemical Institute, Sweden.

Speaking at an International Symposium for sportsmen and coaches held at the National Sports Centre, London recently, he said that an average person required 2,500 calories per day but a Finnish long-distance runner transforms some 6,000 calories daily. When the demand for energy increased, as in sport, a greater or lesser part of the calorie requirement was satisfied by fat and sugar. The total mineral and vitamin intake per calorie was thus reduced. "Whether sportsmen need higher daily doses of vitamins and minerals because of their higher calorie intake is a point still to be clarified. But the possibility cannot be ruled out that the body's vitamin and mineral status depends on rate of metabolism/energy transformation."

Mr Seppo Nuutila and Mr Jormakka, Finnish national coaches, described how food supplements were used in the diet of middle and long distance runners. They ascribed the recent revival of Finnish athletics to a series of factors, including the use of supplements. Mr W. Paish, UK national coach, was certain that athletes require extra vitamins "which should come from natural sources".

Experiments with pollen extracts on the prevention of upper respiratory infections were reviewed by Dr Glomme, Oslo University, Norway. He concluded that four recent papers showed a tendency for such extracts to have a prophylactic effect but "there is no indication of strong definite effect." Professor Szule, Warsaw, Poland, described a trial of Pollitabs—the tablet form of a microbiological digest of pollen extract—on weight lifters. He concluded that the experimental group were more fit in regard to physiological efficiency than a control group. The symposium was sponsored by Cernelle and Ritter Ltd, UK distributors of Pollitabs.

Company News

Willow Francis profits up 34 per cent

Profit of Willows Francis Ltd at £157,706 in the year ended June 30 was 34 per cent ahead of the previous year. After increased tax the profit available for distribution to shareholders is £97,337.

The directors recommend payment of a final dividend of 1·12p a share which together with interim paid will make a total for this year of 1·47p.

Overall sales totalled £1,638,411 of which £343,838 went to export.

Changes at Bush Boake

At Bush Boake Allen Ltd, Hugh Podger, management services director, is to start a three-year assignment as managing director of Bush Boake Allen (Australia) Ltd on January 1, 1974. J. A. D. Paul, currently chairman and managing director of the Australian company, will relinquish the position of managing director, but will remain chairman until he reaches retirement age next April, and will continue as a director until the end of 1974. He will spend a considerable time abroad, assisting in the development of Bush Boake Allen's overseas programme for the indigenous processing of botanical products. Neil Broadbent continues as deputy managing director of Bush Boake Allen (Australia) Ltd. In addition, from January 1 he will become managing director of Bush Boake Allen (New Zealand) Ltd in place of Mr Paul. Wilf Neyle continues as director and general manager of the New Zealand company.

Appointments

Unichem Ltd: Mr David Kennett has been appointed area sales representative for Kent and part of South East London.

Jean Sorelle Ltd have appointed Mr A. C. Thomas sales manager/sales director designate.

Ortho Pharmaceutical Ltd, have appointed Mr J. S. Gray their financial director and Mr A. L. Hearn marketing director.

National Cash Register Co Ltd: Mr M. Myers has been appointed to the UK main board. He is responsible for the company's sales and marketing.

Max Factor & Co: Chester Firestein has been appointed president of the company in Hollywood. Mr Firestein, 43, is a grandson of Max Factor, founder of the cosmetic organisation.

Bristol-Myers have appointed John Biggins product manager. He takes over from Richard Baer, who moves into the newly-created position of financial analyst for the Bristol-Myers marketing department.

J. G. Franklin & Sons (a division of G. D.

Searle & Co Ltd) have announced the appointment of Mr Keith Barrow as marketing director responsible for Franklin's marketing operations both at home and overseas.

Lenthéric Morny Ltd: Mr Michael Fletcher, BSc, has been appointed marketing director. Previously he was the company's marketing manager, joining the company from Kimberly Clark Ltd where he was senior product manager.

Miles Laboratories Ltd: Dr W. Jack, has been appointed manager, planning and development, succeeding Mr D. N. Plunket, who has been appointed general manager, Miles Laboratories Australia Pty Ltd. Mr D. Todd has joined the company as legal manager, succeeding Mr G. Tuck who has been promoted to legal director — Europe and Africa.

Lundbeck Ltd have appointed Mr G. Williams their marketing manager; Mr W.

More, finance and administration manager; Mr I. Troup, sales promotion and advertising manager; Mr N. Shaw, section head, oncology and Mr G. Samuel, section head, psychiatry.

The Royal Society of Health: Mr Derrick S. Wilson, BSc, CEng, MInstF, AMBIM, has been appointed secretary of the Society, on the retirement of Mr P. Arthur Wells. Mr Wilson was a member of the scientific staff at the Fuel Research Station, Greenwich.

Garrick Chemical & Equipment Co Ltd: Mr Tony Silver, has joined the company's management team where he will be responsible for the development of new products.

Dragoco (Gt. Britain) Ltd: Dr J. Stephen Jellinek has been appointed international co-ordinator for product research and development for the European and overseas Dragoco companies.

Sperry Rand Ltd: Graham Hayden has been appointed southern region sales manager for the Remington electric shaver division. He replaces Kevin Wearn, who has been promoted to national accounts manager.

Astra Chemicals Ltd have appointed Mr M. C. Davis director for their pharmaceutical division. Mr Davis joined the Astra organisation in Australia in 1969 where he was marketing director until 1971 when he transferred to A. B. Astra, Sweden for training in general management and strategic planning.

Confusion forecast on some import tariffs

The British Importers Confederation met the DTI (Department of Trade and Industry) recently to discuss the administration of the UK's share of tariff quotas for 1974 under the Generalised System of Preferences.

It is expected that GSP tariff quotas operated in the EEC will provide for a limited quantity of goods to be imported from developing countries at a nil rate of duty. A percentage of the tariff quota will be divided amongst member states subject to a limit on the amount of particular goods that may be imported from any one supplying country — known as "Butoir".

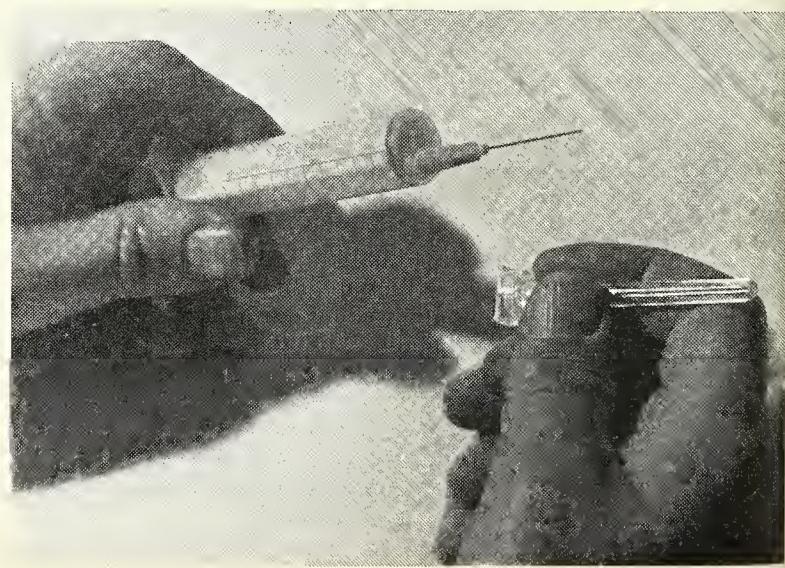
The DTI has announced that goods imported under GSP tariff quotas will be debited against the total UK quota as and when the goods are declared to the Customs for home use (the "greyhound"

or first come first served system).

The Confederation pointed out that the "greyhound" system will cause confusion and difficulties. Importers will never know whether their goods on arrival will be subject to duty or not. This uncertainty will continue down the line to manufacturers and to the retail shop. At the commencement of the system—January 1, 1974—there will be a rush by importers to get their goods into the country as soon as possible.

The GSP tariff quotas are not likely to be made public until a relatively short time before the commencement of 1974, and it was stressed that this will add to the importers' problem as goods have to be bought well in advance to ensure a steady flow to the factory and to the shop—otherwise artificial scarcity will be caused resulting in fluctuations in prices.

Accles & Pollock Ltd, have secured contracts for stainless steel hypodermic needle tube from Everett Medical Products Ltd which over the next five years could be worth well over £650,000. The new needle, Everett syringe and rigid transparent container are described on p 737.



chemical plant capacity seen by 'Neddy'

available plant capacity will not be adequate in all sectors of the chemicals industry to meet demand growth which could be associated with faster economic expansion in the UK up to 1977. That is the central conclusion of *Industrial review 1977 — Chemicals* published by the Chemicals Economic Development Committee. However, over a longer period given adequate profitability and other factors to encourage new investments, there is no reason why the industry could not support a faster rate of growth than in the past decade, the report adds.

The likely trends in growth demand, output and output associated with growth rates of 3½ and 5 per cent a year from 1971 to 1977 were assessed. This indicated potential output growth for the industry of 7·4 per cent a year for the 3½ per cent case and about 9 per cent a year for the 5 per cent growth case. These rates compare with 6½ per cent a year for output between 1963 and 1971 when growth averaged 2·6 per cent a year.

Estimates were made of additional plant capacity required to support the output growth and the new investment needed, because of reduced level of capital spending in 1971 and 1972 and the long time required to build major new plants, total industry investment in the years 1972 to 1977 is unlikely to exceed £2,500m. This would limit production growth to an average of 6½-7 per cent a year from 1971 to 1977, much the same rate as in the 1963-71 period. Shortages could well appear in some products on the basis of current investment plans by 1975.

The past development, growth prospects and problems of 10 product sectors are examined separately and the outlook for four of the largest is reported in chapter 4. Pharmaceuticals are expected to remain among the fastest growing sectors in the UK market and as export leaders.

The EDC concluded that UK entry into the EEC is unlikely to have much impact on chemicals trade between the UK and continental partners in the review period. But UK companies will have to prove their marketing within continental Europe to exploit the long-term trade opportunities offered by entry.

The report, based on a review of the implications of faster growth for the chemical industry, is available from the EDC Office, Millbank Tower, London SW1P 4QX, price £0·50.

manpower survey

The Committee has also published a report on industrial relations and manpower productivity entitled *Chemicals manpower in Europe*. The report is based on a study undertaken by a team of senior managers and trade union national officers during visits to chemical plants in the UK, West

Germany, France and Holland, backed up by desk research.

Some national productivity differences are recognised to be due to higher levels of investment on the Continent, resulting in a higher proportion of newer and more productive plant. Manning levels between similar UK and Continental plants are compared. At the time of the study, similar productivity levels were being achieved for process operations in the plants, while UK labour costs were only two-thirds of German and Dutch labour costs. However, labour productivity on maintenance work in Continental plants was 50 per cent higher than in the UK plants. This difference was mainly attributed to Continental working practices, eg greater use of contractors and less maintenance shiftwork.

There appeared to be more line managers in the UK plants than in the Continental plants visited and there were indications that the same was true for ad-

ministration employees. In West Germany, one important factor contributing to high productivity in the plants visited was a high level of job security. This was as a result of legal obligations on management to consult employee representatives about changes, and of carefully planned recruitment. The chemicals trade union in that country, I G Chemie, has no legal right to membership of works councils, but in practice exerts considerable influence through close liaison with works council members, most of whom are union members.

In France and Germany there exists a variety of schemes to give employees a financial stake in the profitability of their company. The report says that it is difficult to assess the extent to which these schemes have increased the sense of involvement or loyalty of employees.

The report is available from HM Stationery Office, price £0·70.

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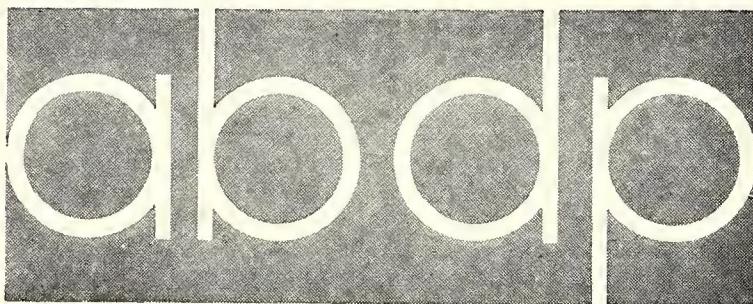
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Letters

'Bargains' of the future

ember those NPU toothbrushes we omed so enthusiastically? How we ed and persuaded, coaxed and cajoled customers into buying them? and reber how they mysteriously found way into Tescos, Finefare and other rs, and eventually ended their days minously on the street barrows of coat Lane? And remember the ex-s we were given? And how it was all unfortunate mistake?

I am wondering if the same fate has llen the NPU hot water bottles. I just purchased such a bottle from a department store in south London, ore which bears as much relationship pharmacy as a shoe shop does to a hers. And where did I find this ex-ively pharmaceutical item? Not stand-proudly among the Subaseals, Dun-, and Lilos. Oh dear no, this was ging its head in shame among the y nails, bent screw-drivers and chipped kery in the bargain basement, and offered along with several others at rice less than it cost me to buy whole-

ow did it get there I wonder? An-er of those unfortunate mistakes? Or his particular store so powerful that the NPU has to bend the knee? You ce I discount the idea of every man ing his price! I am beginning to think if ever Care gets off the ground, a t to Soho's Berwick market might ve to be an interesting excursion.

N. Buckley
London SW11

Initiated?

ur comparison of buying schemes (November 10) rather unfairly omits de-s of the Branded Goods Wholesale eme, which has been in operation in West Midlands for four years and re recently in the East Midlands and mpshire.

mitation is the sincerest form of flattery we believe that the newer schemes frank and inferior copies of the ginal — ours.

The Branded Goods scheme is on paper nancially superior to any of the alterna-s—in practice, any prospective new mber is cordially invited to ask the nion of any one of our several hundred sting members.

The scheme is run by staffs with many rs combined wholesale and retail ex-ience, and being independent and of nageable size, offers great flexibility and opportunity of member participation, ich together with the financial advan-ces of which we invite comparison, ders the choice of alternatives obvious. he Branded Goods Wholesale (Notting-ham) Ltd chemists VTO scheme (effective

January 1974) offers the following:— Membership fee: £100, annually rebated as follows:

Annual purchases	Rebate
£2,000—4,000	£20
£4,000—6,000	£40
£6,000—8,000	£60
£8,000—10,000	£80
over £10,000	£100

Stock inventory: About 2,500 items; weekly delivery second working day following order. Cash and Carry pricing representing an average 10 per cent saving on standard wholesale prices. Promotional stock bonuses passed on in full.

Area of operation: Nottinghamshire, Derby (parts), Leicestershire, Lincolnshire and South Yorkshire.

(The schemes covering the West Midlands and Hampshire are slightly different in the costing and membership fee arrangements, but are equally competitive.)

K Turner,
Branded Goods Wholesale
(Nottingham) Ltd

Unity the priority

For Care to succeed it would appear that all NPU retail outlets must co-operate—no matter whatever other carrots are dangled in front of us.

It is therefore, in my view an absolute essential that an alliance is formed im-mediately between Care and Unichem. It must happen—otherwise both could flounder.

Members of both Unichem and the NPU must make their stand now—and demand action to eliminate this constant division of loyalties.

R. D. Gaiger
Sutton, Surrey

Slaves to the nation?

In your November 17 issue, my old friend Mr A. G. M. Madge is reported as having asked: "How many pharmacists . . . in general practice would welcome relief from the continuous economic fight of to-day?"—ie in a nationalised service.

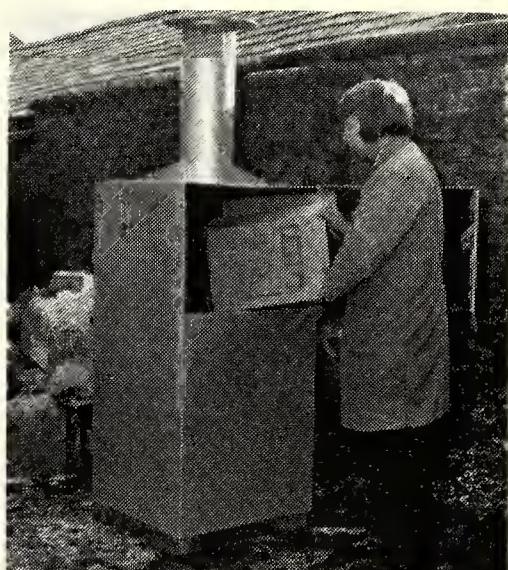
For shame, Mr Madge! How many free men would welcome the shackles of a slave?

T. H. Wilson
London SE12

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News in brief

The index of retail prices for all items from October was 185.4—an increase of 2.0 per cent on September. The index for all items excluding food was 179.1—a rise of 1.4 per cent.

Every registered VAT trader is to receive a copy of a new quarterly publication *VAT News*, which will appear for the first time in February 1974. The publication will include any amendments to the VAT notices and the current series of amendment leaflets, of which No's 1 and 2 have already appeared, will be discontinued.

Market News

HIGH OIL PRICES

London, November 21: During the week Chinese anise oil was traded on the spot at £25.00 kg. A year ago the oil could have been obtained easily at £1.50. Eucalyptus was sold at £6.30 kg whereas last November the value was under £1.00. Lemongrass was firmer by £0.20 kg on spot while origin was asking about 25 per cent more than it could be got for immediate delivery. Other essential oils that were dearer included Bourbon geranium and petitgrain while Madagascar clove leaf was easier.

Cod-liver oil is now over £40 for 45-gal lots which is nearly 30 per cent higher than a few months ago.

In crude drugs Peru balsam continued firm. Podophyllum root, Brazilian menthol and Canadian senega were all dearer. Turmeric eased slightly for shipment.

Shipments of Tinnevelly senna from the port of Tuticorin during October included:

	UK	US	Europe
Senna	Tons	Tons	Tons
leaves	6	109	185
pods	—	—	180

There were numerous changes in the prices of pharmaceutical chemicals since last published. These, including heavy magnesium carbonate and sulphate, calcium carbonate and tannic acid are given below.

Production of sulphuric acid by the members of the National Sulphuric Acid Association in the third quarter amounted to 1,003,663 tons representing a rise over the third quarter of 1972 of 8.6 per cent.

The chemical and allied industry was expected to be among the worst affected immediately by the 10 per cent cut-back in oil supplies announced on Thursday. The industry is believed to use about 7½ per cent of total deliveries of oil to the UK about two-thirds of it being used as feedstock.

Pharmaceutical chemicals

Acetomenaphthone: 100-kg lots £0.641 kg.
Ascorbic acid: £5.05 kg; 5-kg £3.95; sodium ascorbate, plus 8p; Silicone-coated, plus 25p kg.
Barbitone: 50-kg lots £2.65 kg; sodium £2.65.
Brucine sulphate: £20 kg.
Calciferol: £380 per kg.
Calcium carbonate: BP light £60.00 metric ton.
Calcium sodium lactate: £0.819 kg in 50-kg lots.
Carotene: Suspension 20 per cent £16.73 kg.
Chlormphenicol palmitate: £30.00 per kg.
Cinchocaine hydrochloride: £42.50 kg.
Cocaine: Alkaloid £222 kg; hydrochloride £202.75. Subject to DDA Regulations.
Cortisone: Acetate to £240 kg.
Cyanocobalamin: £1 per g.
Dapsone: £3.50 per kg.
Dextromethorphan: Hydrobromide £110 kg.
Folic acid: 5-kg lots £18.65 kg.
Hydrocortisone: Acetate to £220 kg.
Hydroxocobalamin: £3.00 per g.
Iron phosphate: In 50-kg lots £493.50 per metric ton.
Lobelina: Hydrochloride to £1.20 per g.
Magnesium carbonate: Heavy £200.00 metric ton.
Magnesium sulphate: BP crystals £46.75; BP excised £115.40 per metric ton, ex works.
Mestranol: £120 kg.

Methadone hydrochloride: Subject to DDA Regulations £0.15 per g for 100-g lots.
Narcotine: Alkaloid and hydrochloride in 25-kg lots £15 kg.
Nicotinamide: (per kg) 1-kg £3.40; 5-kg £2.40.
Nicotinic acid: (per kg) 1-kg £2.37; £3.53; £2.53.
Norethynodrel: £100 per kg.
Oestradiol benzoate: £100 per kg.
Opiates: (£ per kg) subjected to DDA Regulations.

	1 kg and over	Under 1 kg
Codeine		
alkaloid	183.00	191.00
hydrochloride	156.00	164.00
phosphate	140.00	146.00
sulphate	156.00	164.00
Diamorphine		
alkaloid	212.00	223.00
hydrochloride	194.00	203.00
Ethylmorphine		
hydrochloride	179.00	186.00
Morphine		
acetate	164.00	171.00
alkaloid	202.00	211.00
hydrochloride	165.00	172.00
sulphate	165.00	172.00
tartrate	198.00	207.00

Phocodine: 1-kg £198.36; 7-kg £189.20 kg.
Phthalylsulphathiazole: 50-kg lots £1.60 kg.
Progesterone: £80 per kg.
Pyridoxine: £10.30 kg; £9.30 kg.
Quinidine: (10-kg lots per kg), alkaloid £63.95; sulphate £61.75.
Quinine: (per kg in 85-kg lots) alkaloid £43.75; bisulphate £35.00; dihydrochloride £42.75; hydrochloride £42.00; sulphate £39.00; hydrobromide (10-kg) £42.90.
Riboflavine: £19.00 kg; 5-kg lots £18.00 kg.
Sodium carbonate: Anhydrous £107 per metric ton.
Sodium pantothenate: (kg) £7.50; 5-kg £6.50.
Sodium sulphate: BP crystals £44.65 metric ton; commercial £19.30; anhydrous £48.00 (approx). All ex works.
Succinylsulphathiazole: 50-kg lots £2.40 kg.
Sulphacetamide: Sodium BP £3.34 kg for 50-kg lots.
Sulphadimidine: 250-kg lots £2.95 kg; sodium £3.05.
Sulphaguanidine: BPC in 250-kg lots £2.13 kg.
Sulphamerazine: BP 50-kg lots £3.12½ per kg.
Sulphanilamide: 50-kg lots £1.40 kg.
Sulphaquinoxaline: Sodium, BVet C in 50-kg lots £4.38 per kg.
Sulphathiazole: 50-kg £1.83 kg.
Tannic acid: 500-kg lots fluffy £1.53 kg; powder £1.50.
Thiamine hydrochloride: £9.20 kg; 5-kg £8.20 kg; mononitrate £9.70 and £8.70 respectively.
Vitamin A: Oily 1 million iu per g £8.00 kg; £7.00 kg; dried acetate 325,000 iu per g, £6.80 kg; £60,000 iu £7.30.
Vitamin D: Powder for tabletting 850,000 iu per 9. £22.00 kg; 5-kg £21.00 kg.
Vitamin E: (per kg) £10.00; 5-kg lots £9.00.

Crude drugs

Aconite: Spot £1,350 metric ton; £1,250, cif, nominal.
Agar: Nominally £3.50 kg.
Aloes: Cape spot and shipment nominal; Curacao spot £850 metric ton; shipment nominal.
Balsams: (kg) Canada: nominal. **Copaiba:** BPC £2.35; Para soluble £2.10; £2.00, cif. Peru £2.80 spot; shipment £2.70, cif, both nominal. **Tolu:** BPC £2.20 spot; £2.15 cif.
Bay leaves: £450 metric ton, cif.
Belladonna: (metric ton) leaves £320 spot; £315 cif. Herb £280; no cif. Root, £430 spot; £400, cif nominal.
Benzoin: BPC £57-£63 cwt spot; £55-£62, cif.
Buchu: Spot £2.60 kg nominal.
Camphor: Powder, no offers.
Cardamoms: (per lb cif) Allepy greens No. 1 £1.20; prime seeds £1.15.
Cascara: Spot £630 metric ton; shipment £610, cif, both nominal.
Cassia: lignea, broken £1.225 metric ton, cif.
Cherry bark: Spot £450 metric ton; £430, cif.
Chillies: Solomon Isles Tabasco £500 ton, cif.
Cinnamon bark: Seychelles £420 ton, cif.
Cinnamon quills: four O's £0.25 lb; quillings £0.19 lb, cif.
Cloves: (Per ton, cif); Ceylon £1.750; Zanzibar £1.780.
Cochineal: Tenerife black-brilliant £9.00 nominal, cif. Peruvian silver grey £8.25 spot, £8.10 cif.
Cocillana: Spot £700 metric ton.
Colocynth pulp: Spot £720 metric ton.
Dandelion: Root £680 metric ton spot; £655, cif.
Gentian: Root £700 metric ton spot and cif.
Ginger: (ton) Cochin new crop £320, cif, Jan-Feb. Nigerian split £425 spot. Jamaican No. 3 £870; Sierra Leone £460, cif.
Gums: Acacia nominal. Karaya No. 2 faq £23 cwt. Tragacanth nominal.
Henbane: Niger £1,500 metric ton, cif.
Honey: (per ton in 6-cwt drums ex-warehouse) Australian light amber £525, medium £513, Canadian £590. (all approximate).
Hydrastis: Spot £8.00 kg.
Ipecacuanha: (kg) Costa Rican and Nicaraquan £3.50 spot; £3.00 cif. iMatto Grosso £5.50; £5.25 cif. Colombian £5.20; £5.00, cif.
Jalap: Mexican £1,200 metric ton cif; Brazilian £370, cif, nominal.
Kola nuts: W. African £115; metric ton £90, cif.

Lanolin: Anhydrous BP minimum 1,000 kg £375 to £415; cosmetic grade £430.

Lemon peel: Spot £630 metric ton; £610, cif. chloride £12.76.

Liquorice root: (metric ton) Chinese £120 spot £110 cif, both nominal. Russian no offers.

Lobelia: New crop offers awaited.

Lycopodium: Indian £4.75 kg. Canadian £5.50 kg

Mace: Grenada No. 2 £1,792 long ton, fob.

Menthol: Brazilian £8.80 kg all positions. Chinese £9.85 cif.

Nutmeg: Grenada 80's £1,120; sound unsorted £952; defectives £924.

Nux vomica: £115 metric ton; £95, cif.

Pepper: (ton cif.) Sarawak black £550, white £890.

Pimento: Jamaican £830 long ton, cif, nominal.

Podophyllum: Emodi (metric ton) £390; shipment £360 cif.

Quillaia: Nominal.

Rhubarb: From £0.30 to £1.50 lb.

Saffron: Mancha superior £83 kg.

Sarsaparilla: Spot £1.15 kg, £1.10 cif.

Seeds: (ton) Anise China star £175 duty paid; shipment £135, cif. **Caraway:** Dutch £1,500 metric ton, cif. **Celery:** Indian £285, cif. **Coriander:** Moroccan £105, cif. **Cumin:** Indian £480, cif. Syrian £500, cif. **Dill:** Indian, for shipment £170, cif. **Fennel:** £280. Indian £280 cif. **Fenugreek:** Moroccan forward £160, cif. **Mustard:** £60-£180 spot as to quality.

Senega: Canadian £5.20 kg spot.

Senna: (per kg) Alexandrian h/p pods from £1.54 spot; manufacturing nominal. Tinnevelly h/p pods £0.60-£0.65; faq pods £0.40-£0.45; leaves faq £0.26.

Skull: White spot £340 metric ton nominal.

Styrax: £2.20 lb, spot; £2.10 cif.

Tonquin beans: Spot £870 metric ton.

Turmeric: Madras finger £295 ton spot; £290, cif.

Valerian: (metric ton) Indian £350 spot; £350, cif. Continental £400, cif.

Essential and expressed oils

Anise: Spot traded at £25.00 kg.

Clove: Madagascar leaf £2.40 kg spot and cif. Bud, English distilled £2.00.

Cod-liver: BP in 45-gal lots £40.95 naked; veterinary £38.80.

Eucalyptus: Chinese, £6.30 kg, cif, for 80-85, Jan-March.

Geranium: (kg) Bourbon £22.00; Congo £14.

Lemongrass: £3.20 kg spot, £4.00, c.i.f.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax.

Coming events

Monday, November 26

Doncaster Branch, Pharmaceutical Society, Doncaster Royal Infirmary, at 7.30pm. Working dinner addressed by Mr A. G. Madge (member of Council).

Harrow Branch, Pharmaceutical Society, Clinical lecture theatre, Northwick Park Hospital, Watford Road, Harrow, at 7.40 pm. Mr P. St John Howe (Pharmaceutical Society solicitor) on 'The work of the Society's solicitor'.

Leicester and Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Leicester, at 8 pm. Mr Maurice Kinmonth (Consultant plastic surgeon) on "Burns".

Tuesday, November 27

Fife Branch, Pharmaceutical Society, Ollerton Hotel, Kirkaldy, at 7.30 pm. Dr C. B. Macfarlane (Lilly research centre) on "Problems in pharmaceutical formulation".

West Middlesex Branch, Pharmaceutical Society, Bernard Shaw room, Queen's Theatre, Mattock Lane, Ealing, at 8 pm. Mr H. W. Lucas on "The insurance and pensions scene".

Wednesday, November 28

Ayrshire Branch, Pharmaceutical Society, Marine Court Hotel, Ayr. Dinner and dance.

East Kent, Medway, Thanet and Tunbridge Wells Branches, Pharmaceutical Society, County Hotel, Canterbury, at 8.15 pm. Joint meeting on "Health centres opening, pharmacies closing".

Lorch Foundation, Lorch Foundation seminar centre, Lane End, High Wycombe, Bucks. One-day seminar on "Pyrogen-free water" (sponsored by Elgar Group).

West Hertfordshire Branch, Pharmaceutical Society, Great Red Lion Hotel, St Albans. Dr Fullerton on "The new health service".

Oxfordshire Branch, Pharmaceutical Society, Belfry Hotel, Milton Common, at 7.30 pm. Annual dinner and dance.

Thursday, November 29

Lancaster, Morecambe and Westmorland Branch, Pharmaceutical Society, Carnforth Hotel, Carnforth, at 8 pm. Mr G. Halliday on "A naturalist in Greenland".

Leeds Branch, Pharmaceutical Society, Merrion Hotel, Leeds, at 8 pm. Mr B. M. Gandar ACII (NPU Group), on "Insurance principles".

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Publication date Every Saturday.

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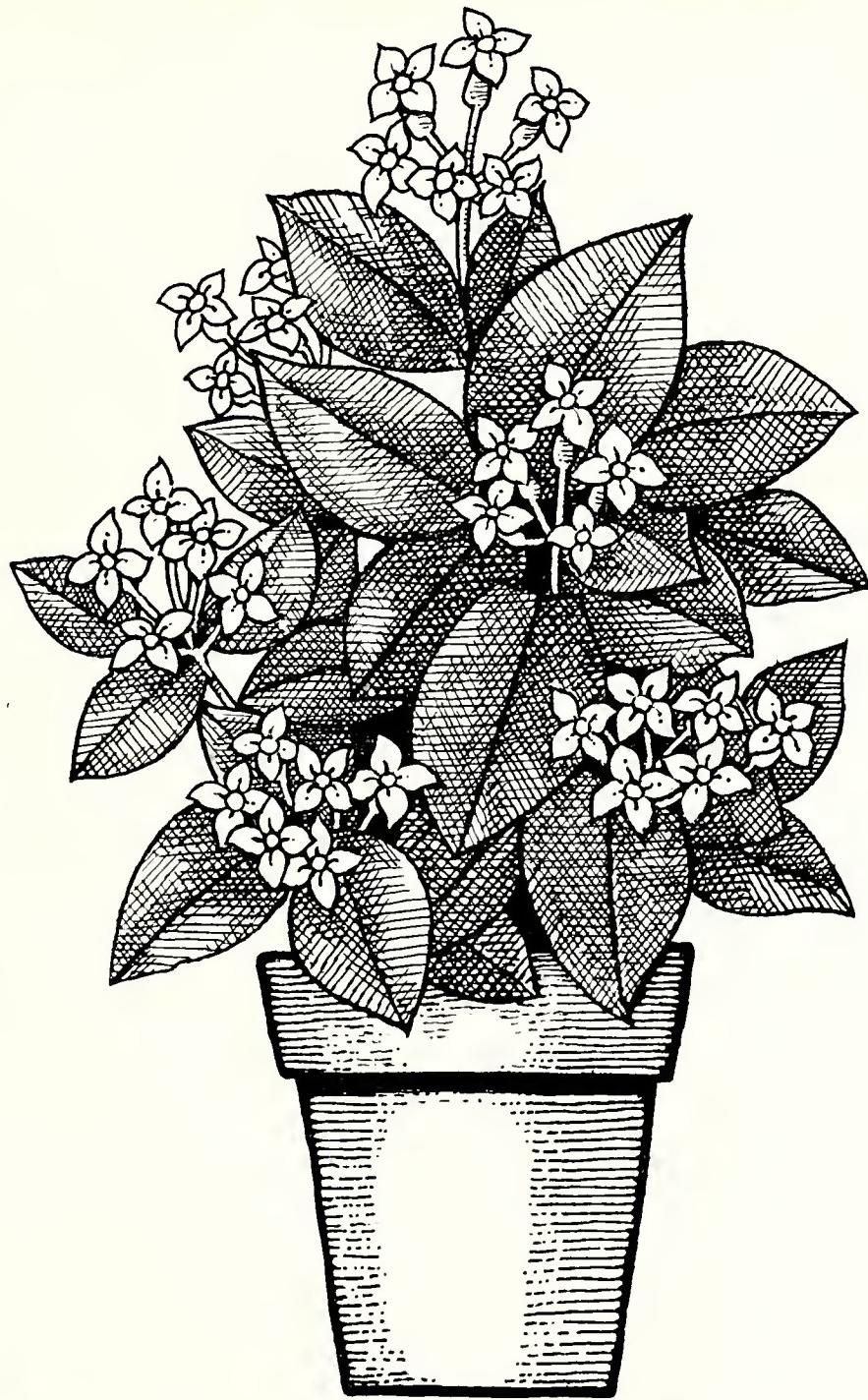
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